



Surgery Resident Handbook

2016-2017

Table of Contents: Surgery Residency Handbook

Section 1: General Information

Program Philosophy –
page 3 Program Goals –
page 4
Resident Clinic Guidelines –
page 5 Supervision of Residents
– page 7

Section 2: Residency Program Office – page 10

Section 3: Core Competencies – page 11

Patient Care
Medical
Knowledge
Practice Based Learning and
Improvement Communication and
Interpersonal Skills Professionalism
Systems Based Practice

Section 4: Educational Goals and Objectives– page 14

Overall- page 14
Anesthesia (Medical Center Hospital) - page 16
Burns (University Medical Center, Lubbock)-
page 17
Cardiothoracic Surgery (Medical Center Hospital) - page
22 Community Surgery (Odessa Regional Medical Center)-
page 28 General Surgery (Midland Memorial Hospital)-
page 38
Rural Surgery (Scenic Mountain Medical Center, Big Spring)-
page 53 Neurosurgery (Medical Center Hospital) - page 59
Orthopedic Surgery (Medical Center Hospital) - page 63
Pediatric Surgery (University Medical Center, Lubbock) -
page 69 Plastic Surgery (Medical Center Hospital) - page 77
Private Surgery (Medical Center Hospital) - page 82
Transplant Surgery (UT Southwestern Hospitals, Dallas)-
page 89 TTUHSC-PB Surgery (Medical Center Hospital) -
page 97 Outpatient Clinics- page 113

Milestones- page 130

Section 5: Departmental Policies – page 139

Resident Service Responsibilities – page
139 Anesthesia- page 139
Burns- page 140
Cardiothoracic Surgery- page
141 Community Surgery- page
142 General Surgery- 144
Rural Surgery- 148
Neurosurgery- 149
Orthopedic Surgery-
150

Pediatric Surgery-	151
Plastic Surgery-	153
Private Surgery-	154
Transplant Surgery-	156
TTUHSC-PB Surgery-	157
Work Environment and Resident Duty Hours Policies and Procedures –	
page 161 Professionalism –	page 162
Photocopying of Copyrighted Materials –	page
162 Travel Policy –	page 162
Policy on Resident Promotion –	page
162 Resident Dismissal Policy –	page
165 Resident Training Interruptions –	
page 165 Criteria for Resident	
Applicants –	page 166
Resident Research Projects and Guidelines –	
page 166 Resident Complaints –	page 167
USLME Step 3 Policy –	page 168
Impaired Resident Policy –	page
168 Moonlighting Policy –	page
169 Policy on Fatigue-	page 169
Resident Leave Policy –	page
169 CME -	170
Department Policy Regarding Documentation of Histories and	
Physicals-	172 Weekly/Monthly Requirements Policy – page 172
Journal Club Policy-	page 173

Program Philosophy

Department of Surgery – Permian Basin

The mission of the Department of Surgery is to maintain a scholarly environment, to provide state of the art healthcare for patients with surgical diseases and conditions, and to conduct significant research.

The vision of the Department of Surgery is to be recognized for excellence in education. The Department will set the standard for state of the art health care for patients within our community, state, and region. The Department will make significant contributions of new knowledge in the management of patients with surgical diseases and conditions.

We value:

Integrity, approach our work with competence, character, and perseverance

Trust, providing respect, empowerment, open communications and loyalty within the work environment

Personal responsibility, to care for all stakeholders and honor commitments as representatives of Texas Tech University Health Sciences Center

Collaboration, working as a team to share resources, risk, responsibility, and recognition

Stewardship, delegating responsibilities and being accountable as individuals and to the community

Educational Objectives

Our educational mission is to offer a diverse experience in the broad field of Surgery so that the resident is adequately prepared for a career in private practice, fellowship training in sub-specialties, or academic Surgery.

Qualities for Residents

Self motivating, energetic individual with a good work

ethic Collegiality

Trustworthy, responsible person of good moral and ethical

character Dedication to the practice of medicine, especially

Surgery

Actively participates in scholarly activities, dedicated to lifelong learning

Program Goals

The educational goals of our program are aligned with the six competencies of the ACGME. We endeavor to create an environment that allows the orderly growth and development, both professionally and personally, of the residents so that they become competent physicians practicing the specialty of Surgery. The primary educational goals for our residents are as follows:

- 1) Residents will be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health related problems and the promotion of good health practices.
- 2) Residents will demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as application of this knowledge so that they provide comprehensive, compassionate patient care.
- 3) Residents will demonstrate the ability to investigate and evaluate the care of their patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning.
- 4) Residents will demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal patient care.
- 5) Residents will demonstrate a commitment to carrying out their professional responsibilities and an adherence to the ethical principles expected of all physicians.
- 6) Residents will demonstrate interpersonal and communication skills that result in the effective exchange of information and teaming with patients, their families and professional associates.

To achieve the above goals, our program and faculty are committed to the following goals:

- 1) To provide the educational opportunities, in both clinical experiences and didactic teachings, that will serve as the foundation for our residents to become skilled in clinical problem solving, clinical decision making, and critical thinking.
- 2) To give the resident progressive clinical responsibility, with proper faculty supervision, so that the resident will become qualified by virtue of technical skills, didactic knowledge, and clinical judgment to be a consultant in our specialty.

Our final goal is to assure that graduates of the Texas Tech University Health Sciences Center Permian Basin Residency in Surgery demonstrate sufficient medical knowledge, patient care, technical and non-technical skills, communication and interpersonal skills, professionalism, commitment to practice based and lifelong learning and understanding of systems based practice to practice General Surgery competently and independently and to become certified by the American Board of Surgery.

RESIDENT CLINIC GUIDELINES

General clinic guidelines:

- All residents should strive to take “clinical ownership” of their patients.
- Residents are expected to professionally and willingly see work in/add on patients.
- Residents are expected to be on time to clinic ready to see patient.

-Management plans should be discussed with the clinic attending.
-All residents are expected to ensure disposition of all lab results in a timely manner. -Proper appearance ~No scrubs in the clinic setting.

General resident policies

1. All residents are expected to be at their assigned site by 0600 (regular duty hours) for the morning handoff or 1800 (night float) for the evening handoff. All complications and questions should be discussed with the appropriate service chief/senior resident before handoff .
2. If a resident needs to call in sick, he/she should notify the appropriate service chief / senior resident NO later than 0600, (or earlier depending on the number of patients that resident is caring for), on the day he/she will be absent. The chief/ senior resident will be responsible for notifying the program coordinator and for assigning those patients a resident (within the appropriate team) to see them. Sick leave paperwork must be filled out and turned in to the chief/ senior resident upon the day of return to work.
3. ER calls will be covered by the night float resident from 1800 to 0600. If a patient is to be admitted from ER, then the chief / senior resident for the respective service should be notified of admission.
4. All ER notes should be dictated at time of occurrence.
5. All admission History and Physical Examination and Consultations should be dictated at the time of occurrence.
6. All consults between 1800-0600 will be handled by the night float team. The appropriate chief/ senior resident should be notified of the consult at the next handoff and a plan of care established with them. The appropriate attending will be notified at the time of consult.
7. All discharge summaries should be dictated within 72 hours from the time of discharge.
8. Operative reports are to be dictated at the time of occurrence.
9. All patients should be handed off to the most senior member of the night float team. This is accomplished by giving a verbal hand off and by completing the electronic patient list with all of the pertinent data about the patient (including a to do list). If there is any question, the night float resident may call the primary resident in charge of the case. The primary resident may also call the night float resident for further details of the cases.
10. Pre-op orders, consents, prescriptions, post-op appointments, post-op orders, operative report and discharge summaries are to be completed by the resident who primarily cares for the patient
11. The primary surgeon is expected to follow the post-op care of his/her patient(s). If in extreme circumstances, the night float resident cannot see his/her patients before 0600, the chief / senior

resident needs to be notified as soon as possible so that a resident can be assigned to see those patients.

12. If the operative cases of the night float resident need an evaluation during day time this should be accomplished by residents on the "Day" team.
13. Afternoon rounds should be done after 1500 hours.
14. All residents are expected to know all the patients on their team.
15. Concerns about the day and night call schedules should be addressed to the administrative chief/ senior resident.
16. Non-operative patients admitted by the night float resident will be followed by the "Day" team residents for that respective rotation.
17. Patients who will be directly admitted from the clinic should have a written admitting note by the attending and resident who evaluated the patient in the clinic; and, a dictated H&P should be placed on the chart by the resident who saw the patient in the clinic by the end of the day. This admission will be followed by the residents on the appropriate service. The admitting resident needs to notify the appropriate service chief/ senior resident.
18. When dictating admission H&Ps, a short hand written note is required in the chart for immediate reference.
19. The resident who schedules an elective procedure should dictate an H&P.
20. Surgical morbidities that are readmitted will be handled by the team who provided the primary service.
21. All patient records in will be timed, dated, signed and have the specific patient identification present (i.e. patient label) where appropriate.
22. All surgical procedure should be presented to the team chief/ senior resident. The chief/ senior resident as the team leader will be ultimately responsible for knowledge about all surgical performed by his/her team, whether acting as primary surgeon or not.
23. Each team member will give their respective chief a brief summary of each patient and review any changes in patient status or management prior to attending rounds.

Supervision of Residents

In our program, qualified faculty supervise all residents involved in patient care activities, both in the clinic setting as well as the hospital setting. The faculty are present to provide residents with continuous supervision and consultation, and residents should feel free to communicate with them at any time.

Policy and Procedure on Resident Supervision

The General Surgery Residency Program expects that a resident in the program is properly supervised based on his or her level of training in such a way that the resident assumes progressively increasing responsibility according to their level of education, ability and experience. This is assured in the following manner:

1. The Surgery Resident Handbook (sections 4 and 5) specifies exactly the objectives for each rotation at each level and, along with that, the supervisory line of responsibility for each resident and the line of command. This delineates the expectations held for the resident and also what supervision and backup they can expect.
2. There is a very strict policy within the department and the institution for the teaching physician participation while fulfilling their on-call duties. Teaching physicians are expected to be available by telephone within 15 minutes. No major decision regarding patient care should be made by the residents until after consultation with and agreement from the teaching physician on call.
3. The residents will be strictly monitored and supervised during any operative procedures. A resident should never start a procedure without the attending's approval, which will be based on the patient's clinical condition and procedure to be performed, the residents level of training, and capability as judged by the attending surgeon. The attending surgeon will be in attendance during the critical portion of any procedure.
4. The attending surgeons are expected to very closely supervise the care of any severely ill patient and no major decision regarding patient care should be made by the residents until after consultation with and agreement from the teaching physician.
5. Chief residents, while quite senior, are still considered residents in training and must be supervised by a faculty member. A fellow may not supervise a chief resident.
6. The attendings must pay close attention to signs of fatigue in individual residents and understand its potential negative effect.
7. *Documentation of Supervision of Residents:* In general, the medical record must clearly demonstrate the involvement of the supervising faculty in each type of resident-patient encounter are described as follows:
 - a. Progress note or other entry in the medical record by the supervising faculty member. (Attending Progress Note)
 - b. Addendum to the resident progress note by the supervising faculty member. (Attending Addendum)
 - c. Co-signature of the progress note or other medical record entry by the supervising faculty member. NOTE: The supervising faculty member's signature signifies that he/she has reviewed the resident note,

and absent an addendum to the contrary, concurs with the content of the resident note or entry. (Co-signature)

d. Resident progress note of other medical record entry documenting the name of the supervising faculty member with whom the case was discussed, and a statement of the supervising faculty member's oversight responsibility with respect to the assessment or diagnosis and/or the plan for evaluation and/or treatment. (Resident Documentation)

Faculty have been educated to recognize signs of resident fatigue and are knowledgeable about applying policies to prevent and counteract the potential negative effects of resident fatigue.

Residency Program Office

Primarily the program director, the chief residents, and the program coordinator supervise the house staff. For the academic year 2016-2017 the persons to contact will be as follows:

Program Director	Dr. C. Neal Ellis	(251) 281-4502 mobile
Program Coordinator	Ms. Isabel Garza	(432) 703-5290 office

Core Competencies

At the completion of your residency, you must be proficient in the following six core competency areas:

Patient Care

Residents are expected to provide patient care that is compassionate, appropriate and effective for the promotion of health, prevention of illness, treatment of disease and end of life care.

- ☐ Gather accurate, essential information from all sources, including medical interviews, physical examinations, medical records and diagnostic/therapeutic procedures.
- ☐ Make informed recommendations about preventive, diagnostic and therapeutic options and interventions that are based on clinical judgment, scientific evidence, and patient preference.
- ☐ Develop, negotiate and implement effective patient management plans and integration of patient care.
- ☐ Perform competently the diagnostic and therapeutic procedures considered essential to the practice of Surgery.
- ☐ Inform patient and family of end of life concerns, issues, and rights. Work with ancillary services to help with these issues.

Medical Knowledge

Residents are expected to demonstrate knowledge of established and evolving biomedical, clinical and social sciences, and the application of their knowledge to patient care and the education of others.

- ☐ Apply an open-minded and analytical approach to acquiring new knowledge.
- ☐ Access and critically evaluate current medical information and scientific evidence.
- ☐ Develop clinically applicable knowledge of the basic and clinical sciences that underlie the practice of Surgery.
- ☐ Apply this knowledge to clinical problem solving, clinical decision-making, and critical thinking in patient care.

Practice Based Learning and Improvement

Residents are expected to be able to use scientific evidence and methods to investigate, evaluate, and improve patient care practices.

- ☐ Identify areas for improvement and implement strategies to enhance knowledge, skills, attitudes and processes of care.
- ☐ Analyze and evaluate practice experiences and implement strategies to continually improve the quality of patient practice.
- ☐ Develop and maintain a willingness to learn from errors and use errors to improve the system or processes of care.
- ☐ Use information technology or other available methodologies to access and manage information, support patient care decisions and enhance both patient and physician education.

Communication and Interpersonal Skills

Residents are expected to demonstrate interpersonal communication skills that enable them to establish and maintain professional relationships with patients, families, and other members of health care teams.

- ☐ Provide effective and professional consultation to other physicians and health care professionals and sustain therapeutic and ethically sound professional relationships with patients, their families, and colleagues.
- ☐ Use effective listening, nonverbal, questioning, and narrative skills to communicate with patients and families.
- ☐ Interact with consultants in a respectful, appropriate manner. ☐ Maintain comprehensive, timely, and legible medical records.
- ☐ Work effectively as a member of the ward team and the clinic form.

Professionalism

Residents are expected to demonstrate behaviors that reflect a commitment to continuous professional development, ethical practice, an understanding and sensitivity to diversity and a responsible attitude toward their patients, their profession, and society.

- ☐ Demonstrate respect, compassion, integrity, and altruism in relationships with patients' families, and colleagues.
- ☐ Demonstrate sensitivity and responsiveness to the gender, age, culture, religion, sexual preference, socioeconomic status, beliefs, behaviors and disabilities of patients and professional colleagues.
- ☐ Adhere to principles of confidentiality, scientific/academic integrity, and informed consent. ☐ Recognize and identify deficiencies in peer performance.
- ☐ Remain professional in appearance and behavior in the performance of all duties.

Systems Based Practice

Residents are expected to demonstrate both understanding of the contexts and systems in which health care is provided, and the ability to apply this knowledge to improve and optimize health care.

- ☐ Understand, access, and utilize the resources, providers and systems necessary to provide optimal care.
- ☐ Understand the limitations and opportunities inherent in various practice types and delivery systems, and develop strategies to optimize care for the individual patient.
- ☐ Apply evidence-based, cost-conscious strategies to prevention, diagnosis, and disease management.

- Collaborate with other members of the health care team to assist patients in dealing effectively with complex systems and to improve systematic processes of care.

The Faculty of the Department of Surgery is dedicated to providing the education and leadership necessary to aid the house staff in achieving and possibly surpassing these competency goals.

The residents are also to develop a personal program of learning to foster continued professional growth with guidance from the teaching staff. In addition, they should participate fully in the educational and scholarly activities of their program and, as required, assume responsibility for teaching and supervising other residents and students.

Service Specific Goals and Objectives by PGY level

Anesthesia Rotation Texas Tech University Health Science Center Permian Basin Medical Center Hospital, Odessa TX

Goals

1. Demonstrate an understanding of the physiologic effect of the various types of anesthesia.
2. Demonstrate the ability to effectively manage the care of the anesthetized patient.
3. Develop the knowledge and skills necessary to independently administer anesthesia to patients.

Objectives

s PGY1

Medical Knowledge

1. Demonstrate knowledge of basic ethical and legal principles applicable to the administration of anesthesia to adult and geriatric patient.
2. Discuss the physiology of the various types of anesthesia in adult and geriatric patients.
3. Discuss the symptoms, signs and clinical findings suggestive of complications related to anesthesia
4. Discuss the various laboratory and radiology studies that may be used to evaluate patients prior to the administration of anesthesia.
5. Discuss the hormonal response to anesthesia with the potential metabolic and physiologic consequences in adult and geriatric patients.
6. Discuss the evaluation and management of comorbid conditions in adult and geriatric patients undergoing anesthesia including, but not limited to:
 - a. diabetes
 - b. cardiovascular disease
 - c. obesity
 - d. pulmonary disease
 - e. hepatic disease
 - f. renal disease
8. Identify the risk factors associated with morbidity and mortality for adult and geriatric patients undergoing anesthesia.
9. Describe the symptoms, signs and physical findings suggestive of a possible complication of anesthesia.
10. Discuss the various types of anesthesia with the risks and possible complications of each.
11. Discuss appropriate cardiac risk prophylaxis for patients undergoing anesthesia.
12. Discuss the indication and the possible complications of invasive procedures for the evaluation or monitoring of patients under anesthesia including but not limited to:
 - a. pulmonary artery catheterization
 - b. arterial catheters
 - c. central venous catheters
13. Discuss patient factors suggestive of a difficult airway.

14. Discuss the appropriate use of blood and blood products in the anesthetized patient.
15. Describe the composition of various blood components.
16. Describe the various anesthetic agents including, but not limited to:
 - a. inhalation agents
 - b. opiates
 - c. muscle relaxants
 - d. local anesthetics
17. Describe the techniques, risks, benefits and possible complications of the various types of anesthesia including, but not limited to:
 - a. general anesthesia
 - b. regional anesthesia
 - c. local anesthesia
 - d. spinal anesthesia
18. Describe the name and proper use of the instruments and equipment used in the care of anesthetized patients at the University of South Alabama Medical Center.

Patient care

1. Provide appropriate evaluation, treatment and monitoring of anesthetized patients.
2. Administer appropriate fluids in anesthetized patients.
3. Properly manage the systemic effects of anesthesia.
4. Appropriately manage the ventilator for anesthetized patients.
5. Satisfactorily place an oral airway and ventilate anesthetized patients using a "bag and mask"
6. Satisfactorily perform laryngoscopy and endotracheal intubation in patients undergoing anesthesia.
7. Satisfactorily place invasive monitoring devices in patients undergoing anesthesia including, but not limited to:
 - a. pulmonary artery catheterization
 - b. arterial catheters
 - c. central venous catheters
 - d. renal dialysis catheters
8. Appropriately administer blood and blood products in the anesthetized patient.
9. Provide acceptable management of pain.
10. Perform a problem specific physical examination on patients undergoing anesthesia and document the results.
11. Promptly evaluate and report to appropriate members of the health care team all unexpected or adverse events.
12. Properly use the instruments and equipment at the Medical Center

Hospital. Professionalism

1. Describe the professional responsibilities of each member of the anesthesia team
2. Discuss ethical principals in the management of anesthetized patients.
3. Discuss ethnic and cultural factors which should be considered in the choice of anesthesia.
4. Discuss options and controversies in the administration of anesthesia with students and members of the anesthesia care team.
5. Discuss evidence-based recommendations for the administration of anesthesia with students and members of the anesthesia team.
6. Consult other members of the health care team when confronted with an unusual or complex situation.
7. Interact with all members of the health care team in a respectful manner at all times.
8. Adhere to all applicable standards of dress and demeanor

Interpersonal and Communication Skills

1. Effectively transfer appropriate information to the patient undergoing anesthesia

and their families.

2. Effectively educate patients and their families regarding anesthetic options with the potential

Page 15 of 173

risks and benefits of the various options.

3. Effectively transfer clinically relevant information to all members of the anesthesia team.
4. Appropriately communicate with other physicians, nurses, and members of the anesthesia team.
5. Document the status of anesthetized patients in the medical record in a timely manner.
6. Participate in multidisciplinary discussions of anesthetic care.

Practice Based Learning

1. Critically evaluate the outcomes of each patient to identify opportunities for improvement in the quality of the care provided to patients undergoing anesthesia.
2. Describe how outcomes data can be used to develop new policies and procedures to improve the outcomes of patients undergoing anesthesia.
3. Describe how the retrospective evaluation of the outcomes of specific groups of patients can be used to evaluate the policies of the Medical Center Hospital Department of Anesthesia.
4. Maintain a personal portfolio of experience with administration of anesthetics including outcomes and critical evaluation of unexpected or adverse events.

Systems Based Practice

1. Describe systems based elements which have been shown to improve outcomes in anesthetized patients.
2. Summarize the activities of other available members of the anesthesia team in the overall management of patients.
7. Utilize system resources effectively to provide appropriate anesthetic care.
8. Obtain informed consent in accordance with service and hospital policy from the patient or other designated person prior to performing any invasive procedure.
9. Perform and document a "timeout" in accordance with service and hospital policy before all invasive procedures.
10. Time and date all medical record entries in accordance with hospital and service policy.
11. Describe and strictly comply with all Residency Review Committee (RRC), State of Texas

and Texas Tech University Health Sciences Center requirements including, but not limited to:

- a. duty hours

- b. identification of resident

- c. educational

- d. requirements

- e. physician

- f. impairment

- g. sexual

- h. misconduct

- i. unprofessional behavior

**Texas Tech University Health Science
Center Burn Rotation
University Medical Center, Lubbock**

TX Goals

1. Demonstrate an understanding of the pathophysiologic effect of burn injuries.
2. Demonstrate the ability to effectively manage the care of a patient with burn injuries.
3. Demonstrate the knowledge and ability to manage a variety of healthcare services for the burned patients.
4. Develop the knowledge and skills necessary to independently care for patients with burn injuries.

Objectives

s PGY 1

Medical knowledge

1. Describe the histologic and functional anatomy of the skin and subcutaneous tissues.
2. Outline the physics and dynamics of thermal injury and the progression of tissue damage.
3. Review the criteria for adequate evaluation of a burned patient, including historical aspects of the type of burn and subjective physical findings.
4. Discuss an initial treatment plan for stabilization and fluid resuscitation of a burned patient based on the above evaluation.
5. Describe the clinical factors necessitating immediate intervention to preserve life, limb, and function.
6. Outline the principles of burn shock, immunologic alteration, and bacteriologic pathology of burned skin.
7. Discuss the symptoms, signs and clinical findings suggestive of
a. shock
b. sepsis
c. respiratory failure
d. cardiac failure
e. renal failure
f. multisystem organ failure
g. systemic inflammatory response syndrome
8. Discuss the various laboratory and radiology studies that can be used to evaluate acute problems in burned patients including but not limited to:
a. shock
b. sepsis
c. respiratory failure
d. cardiac failure
e. renal failure
f. multisystem organ failure
g. systemic inflammatory response syndrome
9. Discuss the hormonal response to burn injuries with the potential metabolic and physiologic consequences in adult and geriatric patients.
10. Discuss the clinical management of adult and geriatric patients with burn injuries including but not limited to:
a. shock
b. sepsis
c. respiratory failure
d. cardiac failure
e. renal failure
f. multisystem organ failure
g. systemic inflammatory response syndrome
11. Discuss the evaluation and management of comorbid conditions in adult and geriatric patients with burns including but not limited to:
a. diabetes
b. atherosclerosis
c. obesity
12. Identify the risk factors associated with morbidity and mortality in adult and geriatric patients with burn injuries.
13. Discuss the nutritional needs of burned pediatric, adult and geriatric patients.

14. Discuss the management of the nutritional problems of burned pediatric, adult and geriatric patients.
15. Describe the symptoms, signs and physical findings suggestive of a possible complication of burn injuries.
16. Discuss the options for the operative and non-operative management of the complications of burn injuries with the risks and possible complications of each.
17. Discuss appropriate deep venous thrombosis prophylaxis, antibiotics and cardiac risk prophylaxis for burned patients.
18. Review the basic principles and controversies concerning the management of the burn injury, and describe a clinical plan for its care.
19. Analyze the principles of systemic and local antibacterial agents in the burn wound.
20. Explain the special circumstances created by electrical, chemical, and inhalation burn injury, and apply their relation to management.
21. Review the epidemiology, prevention, and socioeconomic and psychological effects of burn injuries.
22. Describe the pathology and management of inhalation injury, noting its relation to mortality, morbidity, and time course of patient recovery.
23. Describe the appearance of the burn wound in relation to its depth, bacteriologic condition, healing potential, and requirement for intervention.
24. Discuss the physics and pathology of the electrical burn and its relation to associated organ injury, including:
 - a. Current
 - b. Entrance and exit wounds
 - c. Deep tissue involvement
 - d. Neurological
 - e. Vascular problems
25. Review the indications for and contributions of physical and occupational therapy.
26. Describe the anatomy of the hand in relation to the specialized requirements of management and rehabilitation of the burned hand.
27. Describe the indications, techniques for harvest, application, immobilization, and care of split- and full- thickness skin grafts.
28. Explain the principles of wound contracture, and report desirable and harmful effects of contracture on:
 - a. Initial management of the burn victim
 - b. Closure of the burn wound
 - c. Rehabilitation of the burn patient
29. Describe the signs, symptoms and pathophysiology of compartment syndromes.
30. Discuss the pathophysiology of burn eschar contraction.
31. Describe the management of compartment syndromes and burn eschar contracture including but not limited to:
 - a. fasciotomy
 - b. escharotomy
32. Summarize the treatment of chemical burns to include pathology, sources, decontamination, and management.
33. Describe the indications and basic techniques of plastic and reconstructive intervention in the burn wound to alleviate:
 - a. Scar contracture
 - b. Underlying joint contracture
 - c. Hypertrophic scar
34. Discuss the indication and the possible complications of invasive procedures for the evaluation, monitoring or treatment of burned patients including but not limited to:
 - a. pulmonary artery catheterization
 - b. flexible bronchoscopy
 - c. venocaval filtering devices
 - d. arterial catheters
 - e. central venous catheters

- g. renal dialysis catheters f. tube thoracostomy
- h. tracheostomy
- i. skin grafting
- 35. Discuss the components and the appropriate use of blood and blood products in the burned patient.
- 36. Discuss techniques for pain management in the burned patient.
- 37. Describe follow up and rehabilitation for burned patients including, but not limited to:
 - a. wound care
 - b. clinic visits
 - c. reconditioning
 - d. pain management
 - e. counseling
 - f. maintenance of health
 - g. further evaluation and treatments
- 14. Describe the name and proper use of the instruments and equipment used in the care of burn patients at the University Medical Center Burn Center.

Patient Care:

- 1. Provide emergency burn patient evaluation and monitoring.
- 2. Implement fluid resuscitation protocols for children and adults.
- 3. Assess the appearance of the burn wound in relation to its depth, bacteriologic condition, healing potential, and requirement for intervention.
- 4. Select and apply appropriate dressings and antibacterials.
- 5. Manage systemic effects of the burn wound in the critically injured patient, including but not limited to:
 - a. Sepsis
 - b. Gastrointestinal effects
 - c. Immunologic effects
 - d. Cardio-respiratory effects
- 6. Manage treatment of inhalation injury including but not limited to:
 - a. Flexible laryngotracheoscopy
 - b. Ventilator management
- 7. Manage wound therapy, including but not limited to:
 - a. Eschar formation and slough
 - b. Re-epithelization
 - c. Tangential and fascial excision
 - d. Debridement of deep tissues
 - e. Skin graft harvest and application
- 8. Evaluate electrical burns, including but not limited to:
 - a. Entrance and exit wound
 - b. Cardiac, vascular, neurologic, ophthalmologic effects
 - c. Deep tissue destruction
- 9. Institute treatment of chemical burns, including but not limited to:
 - a. Identification of types and sources
 - b. Management by dilution or neutralization
 - c. Treatment of systemic effects of local chemicals
- 10. Manage eschar contracture and edema control including but not limited to:
 - a. Techniques of escharotomy
 - b. Techniques of fasciotomy
- 11. Satisfactorily place invasive monitoring devices in burned patients including but not limited to:
 - a. pulmonary artery catheterization

- b. arterial catheters
 - c. central venous catheters
 - d. renal dialysis catheters
12. Appropriately perform invasive therapies on burned patients including but not limited to:
 - a. tracheostomy
 - b. venocaval filters
 - c. endoscopic gastrostomy
 - d. tube thoracostomy
 13. Appropriately use blood and blood products in the burned patient.
 14. Provide acceptable management of pain.
 15. Manage the treatment of the burned child, including initial therapy, systemic support, and special care needs with input from the pediatric intensive care team.
 16. Perform a problem specific physical examination on each patient daily and document the results.
 17. Maintain an accurate problem list on each patient with therapeutic plans.
 18. Promptly evaluate and report to appropriate members of the health care team all expected or adverse events.
 19. Coordinate postoperative follow up and rehabilitation for burn patients including, but not limited to:
 - a. wound care
 - b. dietary needs
 - c. clinic visits
 - d. pain management
 - e. counseling
 - f. reconditioning
 - g. maintenance of health
 - h. further evaluation and treatments
 20. Properly use the instruments and equipment at the University Medical Center Burn Center.

Professionalism

9. Describe the professional responsibilities of each member of the burn care team.
10. Discuss ethical principals in the management of burned patients.
11. Describe ethnic and cultural factors which should be considered in the management of the burned patient.
12. Discuss options and controversies in the clinical management of the burned patient with students and members of the burn care team.
13. Discuss evidence-based recommendations for the management of the burned patient with students and members of the burn care team.
14. Consult other members of the health care team when confronted with an unusual or complex situation.
15. Interact with all members of the health care team in a respectful manner at all times.
16. Adhere to all applicable standards of dress and demeanor

Interpersonal and Communication Skills

7. Effectively transfer appropriate information to the burned patient and their families.
8. Effectively educate the burned patient and their families regarding treatment options with the potential risks and benefits of the various options.
9. Effectively transfer clinically relevant information to all members of the burn care team.
10. Appropriate communicate with other physicians, nurses, and members of the burn care team.
11. Document the status of each burned patient in the medical record daily and after each major change in the patient's clinical status in a timely manner.
12. Participate in multidisciplinary discussions in the care of the burned patient

13. Encourage all members of the burn care team to participate in the treatment plans
for burned Page 20 of 173

patients.

Practice Based Learning

5. Critically evaluate the outcomes of each burned patient to identify opportunities for improvement in the quality of the care provided to burn patients.
6. Describe how outcomes data can be used to develop new policies and procedures to improve the outcomes of burned patients.
7. Describe how the retrospective evaluation of the outcomes of specific groups of patients can be used to evaluate the current policies of the University Medical Center Burn Center.
8. Maintain a personal portfolio of surgical experience with burned patients including outcomes and critical evaluation of unexpected or adverse events.

Systems Based Practice

1. Document in accordance with service and hospital policy:
 - a. History and physical examination
 - b. progress notes
 - c. transfer and discharge summaries
 - d. procedure notes
2. Describe systems based elements which have been shown to improve outcomes in burned patients.
3. Identify the systems based elements available at a burn center and describe which burned patients should be managed in this setting.
4. Describe patient factors in patients with burns which might indicate a need for referral to another facility.
5. Assess the availability of other components of the healthcare team in the overall management of the burned patient including, but not limited to:
 - a. Physical therapy
 - b. Occupational therapy
 - c. Psychological counseling
 - d. Recreational therapy
 - e. Nursing
6. Summarize the activities of other available members of the healthcare team in the overall management of the burned patient to include the following:
 - a. Physical therapy
 - b. Occupational therapy
 - c. Psychological counseling
 - d. Recreational therapy
 - e. Nursing
7. Utilize system resources effectively to provide appropriate post discharge care.
8. Obtain informed consent in accordance with service and hospital policy from the patient or other designated person prior to performing any invasive procedure
9. Perform and document a "timeout" in accordance with service and hospital policy before all invasive procedures
10. Time and date all medical record entries in accordance with hospital and service policy.
11. Describe and strictly comply with all Residency Review Committee (RRC), State of Texas and Texas Tech University Health Sciences Center requirements including, but not limited to:
 - a. duty hours
 - b. identification of resident fatigue
 - c. educational requirements
 - d. physician impairment
 - e. sexual misconduct

f. unprofessional behavior

Page 21 of 173

**Cardiothoracic Surgery Rotation
Texas Tech University Health Science Center Permian
Basin Medical Center Hospital, Odessa TX**

Goals

1. Demonstrate an understanding of the pathophysiologic effect of illness and injuries of the heart, lung and esophagus
2. Demonstrate the ability to effectively manage the care of a patient with illness or injuries of the heart, lungs and esophagus
3. Develop the knowledge and skills necessary to independently care for patients with illnesses or injuries of the heart, lungs, or esophagus.

Objectives

PGY 1

Medical Knowledge

1. Discuss the anatomy and physiology of the heart, trachea, lungs and esophagus in adult and geriatric patients.
2. Discuss the pathophysiology and natural history of illnesses and injuries of the heart, trachea, lungs and esophagus in adult and geriatric patients.
3. Discuss possible variations in the symptoms, signs and clinical findings suggestive of illnesses and injuries of the heart, trachea, lungs and esophagus in adult and geriatric patients.
4. Discuss the various laboratory and radiology studies that can be used to evaluate illnesses and injuries of the heart, trachea, lungs, and esophagus in adult and geriatric patients with an evidence based discussion of the limitations of each.
5. Discuss the general principles of the hormonal response to illnesses and injuries the heart, trachea, lungs and esophagus with the potential metabolic and physiologic consequences in adult and geriatric patients and options for the management of these changes with an evidence based discussion of the effectiveness and possible complications of each.
6. Describe the options for the management of comorbid conditions with evidence based discussion of the effectiveness and possible complications of each in adult and geriatric patients with illnesses and injuries of the heart, trachea, lungs and esophagus including but not limited to:
 - a. diabetes
 - b. pulmonary diseases
 - c. cardiac diseases
 - d. renal disease
 - e. coagulopathy
 - f. malnutrition
 - g. immunosuppression
7. Discuss options in the management of the abnormalities of fluid, electrolytes and coagulation that may be associated with illnesses and injuries of the heart, trachea, lungs and esophagus, with an evidence based discussion of the effectiveness and possible complications of each.
8. Identify the risk factors associated with morbidity and mortality in adult and geriatric patients with illnesses and injuries of the heart, trachea, lungs and esophagus and methods to manage these factors.
9. Describe the symptoms, signs and physical findings suggestive of possible complications of illnesses and injuries of the heart, trachea, lungs and esophagus.
10. Discuss the options for deep venous thrombosis prophylaxis, antibiotics and cardiac risk prophylaxis with an evidence based discussion of the effectiveness and possible complications of each for patients with illnesses or injuries of the heart, trachea, lungs and esophagus.

11. Discuss the composition of the various blood products and options in the use of blood and blood products with an evidence based discussion of the effectiveness and possible complications of each.
12. Describe options for the management of pain in the patient with illnesses and injuries of the heart, trachea, lungs and esophagus, with an evidence based discussion of the effectiveness and possible complications of each.
13. Describe options for the surgical management of illnesses and injuries of the heart, trachea, lungs and esophagus.
14. Discuss the indications for and the possible complications of diagnostic and therapeutic rigid and flexible endoscopic procedures in patients with illnesses or injuries of the trachea, lungs, and esophagus including, but not limited to:
 - a. laryngotracheoscopy
 - b. esophagogastroduodenoscopy
15. Discuss postoperative follow up and rehabilitation for patients with illnesses and injuries of the heart, trachea, lungs and esophagus including, but not limited to:
 - a. wound care
 - b. dietary restrictions
 - b. drain care
 - c. maintenance of health
 - d. reconditioning
 - e. clinic visits
 - f. pain management
 - g. counseling
 - h. further evaluation
 and treatments
16. Describe options for the non-operative and operative management of illnesses and injuries of the heart, trachea, lungs and esophagus with an evidence based discussion of the effectiveness and possible complications of each and long term consequences of each.
17. Describe the technical aspects of the various surgical procedures which can be used to manage patients with illness or injuries of the heart, trachea, lungs and esophagus, with attention to the anatomy and potential damage to adjacent structures.
18. Describe the possible physiologic consequences of the various surgical procedures for the management of illness or injury of the heart, trachea, lungs and esophagus with an evidence based discussion of the incidence of these problems and methods to prevent them.
19. Discuss the risks, potential benefits and possible complications of the surgical procedures which can be used to manage illnesses and injuries of the heart, trachea, lungs and esophagus..
20. Describe the long term consequences of the various surgical options which can be used for the management of patients with illnesses or injuries of the heart, trachea, lungs and esophagus.
21. Describe the various incisions that can be utilized to surgically manage illnesses and injuries of the heart, trachea, lungs and esophagus.
22. Discuss the concept of minimally invasive surgery including, but not limited to:
 - a. physiologic consequences
 - d. advantages
 - b. immunological effects
 - e. costs
 - c. indications
23. Describe the technical aspects of the various minimally invasive surgical procedures which can be used to manage patients with illnesses or injuries of the heart, trachea, lungs and esophagus
24. Describe techniques for hemostasis in both traditional and minimally invasive surgical procedures with the effectiveness, limitations and cost of each.
25. Describe techniques of tissue handling and dissection in both traditional and minimally invasive surgical procedures.
26. Describe the various options for reconstruction, with an evidence based discussion of the potential complications and physiologic consequences of each, after resective procedures of the trachea, lungs and esophagus.

27. Describe the technical aspects of the various options for reconstruction after resective procedures of the trachea, lungs and esophagus, including, but not limited to:
 - a. hand sewn or mechanical anastomosis or closure
 - b. permanent or absorbable suture
 - c. use of prosthetic materials
28. Describe the technical aspects of closure of the surgical incision including, but not limited to:
 - a. permanent or absorbable suture
 - b. monofilament or braided suture
 - c. use of prosthetic materials
29. Describe the name and proper use of operating room instruments and equipment used in the care of patients with illnesses and injuries of the heart, trachea, lungs and esophagus, at the Medical Center. Hospital and Midland Memorial Hospital
30. Describe the skills needed to be an effective leader of the health care team including, but not limited to:
 - a. how to be an effective leader of the healthcare team
 - b. methods to encourage input from members of the healthcare team
 - c. activities to educate members of the health care team
 - d. techniques to effectively communication with team members

Patient Care

1. Using an evidence based review of the literature, provide appropriate evaluation, treatment and monitoring of patients with illnesses and injuries of the heart, trachea, lungs and esophagus.
2. Administer appropriate fluids in patients with illnesses or injuries of the heart, trachea, lungs and esophagus managed surgically during the pre and post operative period.
3. Select and apply appropriate dressings and antibacterials.
4. Using an evidence based review of the literature, appropriately manage the systemic effects of illness or injury of the heart, trachea, lungs and esophagus including but not limited to
 - a. Gastrointestinal problems
 - b. Immunologic problems
 - c. Cardio-respiratory problems
 - d. Nutritional problems
5. Appropriately use blood and blood products in patients with illnesses and injuries of the heart, trachea, lungs and esophagus.
6. Provide appropriate wound care including, but not limited to:
 - a. surgical and enzymatic debridement of infected and necrotic tissues
 - b. vacuum assisted wound closure
7. Provide acceptable management of pain.
8. Perform an accurate problem specific physical examination on each patient daily and document the results.
9. Maintain a current problem list on each patient on the service with therapeutic plans.
10. Promptly evaluate and report to appropriate members of the health care team all unexpected or adverse events.
11. Satisfactorily perform diagnostic and therapeutic flexible laryngotracheoscopy and esophagogastroduodenoscopy on patients with illnesses or injuries of the heart, trachea, lungs and esophagus.
12. Coordinate postoperative follow up and rehabilitation for patients with illnesses and injuries of the heart, trachea, lungs and esophagus including, but not limited to:
 - a. wound care
 - b. dietary restrictions
 - c. drain care
 - d. stoma care
 - e. clinic visits

- f. pain management
- g. counseling

- h. maintenance of health
 - i. further evaluation and treatments
- 13. Select and perform, with appropriate supervision, surgical procedures for the management of patients with illness or injuries of the heart, trachea, lungs and esophagus.
- 14. Make appropriate incisions to surgically manage patients with illnesses and injuries of the heart, trachea, lungs and esophagus.
- 15. Perform, with appropriate supervision, minimally invasive surgical procedures for patients with illnesses or injuries of the heart, trachea, lungs and esophagus.
- 16. Attain appropriate hemostasis in both traditional and minimally invasive surgical procedures.
- 17. Utilize appropriate techniques for tissue handling and dissection in both traditional and minimally invasive surgical procedures.
- 18. Perform, with appropriate supervision, procedures for reconstruction after resective procedures of the heart, trachea, lungs and esophagus.
- 19. With appropriate supervision, appropriately close surgical incisions.
- 20. Properly use the operating room instruments and equipment at the Medical Center and Midland Memorial Hospitals.
- 21. Provide effective leadership, with appropriate supervision, including, but not limited to:
 - a. leading by example
 - b. encouraging input from members of the healthcare team
 - c. educating members of the health care team
 - d. providing appropriate supervision of the activities of the healthcare team
 - e. effectively communicating with team members
 - f. accepting responsibility for the activities of the healthcare team

team Professionalism

1. Discuss ethical and legal principals in the management of patients with illnesses and injuries of the heart, trachea, lungs and esophagus
2. Describe ethnic and cultural factors which should be considered in the management of patient's with illnesses and injuries of the heart, trachea, lungs and esophagus.
3. Describe evidence based options and controversies in the clinical management of patients with illnesses and injuries of the heart, trachea, lungs and esophagus, with students and other members of the health care team.
4. Discuss evidence-based recommendations for the management of patients with illnesses or injuries of the heart, trachea, lungs and esophagus with students and other members of the health care team.
5. Provide care that is respectful of the diverse characteristics and cultures of patients.
6. Consult other members of the health care team when confronted with unusual or complex situations.
7. Interact with all members of the health care team in a respectful manner at all times.
8. Adhere to all applicable standards of dress and demeanor

Interpersonal and Communication Skills

1. Effectively transfer appropriate information to patients with illnesses or injuries of the heart, trachea, lungs and esophagus and their families.
2. Effectively educate patients with illnesses and injuries of the heart, trachea, lungs and esophagus and their families regarding treatment options with the potential risks and benefits of the various options.
3. Effectively transfer clinically relevant information to all members of the healthcare team.

4. Appropriately communicate with physicians, nurses, and other members of the healthcare team in a respectful and professional manner.
5. Document the status of each assigned patient in the medical record daily and after each major change in the patient's clinical status in a timely manner.
6. Participate in multidisciplinary discussions in the care of the surgical patient.
7. Encourage all members of the healthcare team to participate in the treatment plans for the surgical patient.
8. Consult other members of the health care team when confronted with an unusual or complex situation.

Practice Based Learning

1. Critically evaluate the outcomes of each patient to identify opportunities for improvement in the quality of the care provided to the patient.
2. Describe how outcomes data can be used to develop new policies and procedures to improve the outcomes of patients with illnesses or injuries of the heart, trachea, lungs and esophagus.
3. Describe how the retrospective evaluation of the outcomes of specific groups of patients can be used to evaluate the current policies regarding the care of patients with illnesses or injuries of the heart, trachea, lungs and esophagus.
4. Maintain a personal portfolio of surgical experience with patients with illnesses or injuries of the heart, trachea, lungs and esophagus including outcomes and critical evaluation of unexpected or adverse events.

Systems Based Practice

1. Document in accordance with service policy:
 - a. History and physical examination
 - b. progress notes
 - c. transfer and discharge summaries
 - d. procedure notes
2. Describe systems based elements which have been shown to improve outcomes in patients with illnesses or injuries of the heart, trachea, lungs and esophagus.
3. Identify the systems based elements available at a tertiary care hospital and describe which patients with illnesses or injuries of the heart, trachea, lungs and esophagus require these elements.
4. Describe patient factors in patients with illnesses or injuries of the heart, trachea, lungs and esophagus which might indicate a need for referral to another facility.
5. Assess the availability of other components of the healthcare team in the overall management of the patient with illnesses or injuries of the heart, trachea, lungs and esophagus including, but not limited to:
 - a. Physical therapy
 - b. Occupational therapy
 - c. Psychological counseling
 - d. Recreational therapy
 - e. Nursing
6. Summarize the activities of other available members of the healthcare team in the overall management of patients with illnesses or injuries of the heart, trachea, lungs and esophagus to include the following:
 - a. Physical therapy
 - b. Occupational therapy
 - c. Psychological counseling
 - d. Recreational therapy
 - e. Nursing
7. Utilize system resources effectively to provide appropriate post discharge care.
8. Obtain informed consent in accordance with service and hospital policy from the

patient or other designated person prior to performing any invasive procedure
Page 26 of 173

9. Perform and document a “timeout” in accordance with service and hospital policy before all invasive procedures
10. Time and date all medical record entries in accordance with hospital and service policy.
11. Describe and strictly comply with all Residency Review Committee (RRC), State of Texas and Texas Tech University Health Sciences Center Permian Basin requirements including, but not limited to:
 - a. duty hours
 - b. identification of resident fatigue
 - c. educational requirements
 - d. physician impairment
 - e. sexual misconduct
 - f. unprofessional behavior

**Texas Tech University Health Science Center Permian
Basin Community Surgery Rotation
Odessa Regional Medical Center,**

Odessa TX Goals

1. Demonstrate an understanding of the pathophysiologic effect of illness and injury in the patient with surgical illness.
2. Demonstrate the ability to effectively manage the care of a patient with surgical illness.
3. Demonstrate the knowledge and ability to manage a variety of healthcare services for patients with surgical diseases.
4. Develop the knowledge and skills necessary to independently care for patients with surgical illnesses.

Objective

s PGY 2

Medical Knowledge

1. Describe options for the non-operative and operative management of surgical illnesses and injuries with an evidence based discussion of the effectiveness and possible complications of each and long term consequences of each.
2. Describe the technical aspects of the various surgical procedures which can be used to manage patients with surgical illness or injuries with attention to the anatomy and potential damage to adjacent structures.
3. Describe the possible physiologic consequences of the various surgical procedures for the management of surgical illness or injury with an evidence based discussion of the incidence of these problems and methods to prevent them.
4. Discuss the risks, potential benefits and possible complications of the surgical procedures which can be used to manage patients with surgical illnesses and injuries.
5. Describe the long term consequences of the various surgical options which can be used for the management of patients with surgical illnesses or injuries.
6. Describe the various incisions that can be utilized to manage surgical illnesses and injuries including, but not limited to those of the:
 - a. head and neck
 - b. chest
 - c. abdomen
 - d. vascular system
 - e. genitourinary system
7. Discuss the concept of minimally invasive surgery including, but not limited to:
 - a. physiologic consequences
 - b. advantages
 - c. immunological effects
 - d. costs
 - e. indications
8. Describe the technical aspects of the various minimally invasive surgical procedures which can be used to manage patients with surgical illnesses or injuries.
9. Describe techniques for hemostasis in both traditional and minimally invasive surgical procedures with the effectiveness, limitations and cost of each.
10. Describe techniques of tissue handling and dissection in both traditional and minimally invasive surgical procedures.
11. Describe the various options for reconstruction, with an evidence based discussion of the potential complications and physiologic consequences of each, after resective procedures including, but not limited to those of the:
 - a. gastrointestinal tract
 - b. genitourinary system
 - c. pancreatobiliary system
 - d. vascular system
12. Describe the technical aspects of the various options for reconstruction after resective procedures including, but not limited to:

- a. hand sewn or mechanical anastomosis
- b. permanent or absorbable suture
- c. use of prosthetic materials
- 13. Describe the technical aspects of closure of the surgical incision including, but not limited to:
 - a. permanent or absorbable suture
 - b. monofilament or braided suture
 - c. use of prosthetic materials
- 14. Describe the name and proper use of operating room instruments and equipment used in the care of patients with surgical illnesses and injuries at the Odessa Regional Medical Center.

Patient Care

- 1. Select and perform, with appropriate supervision, surgical procedures for the management of patients with surgical illness or injuries.
- 2. Make appropriate incisions to surgically manage patients with surgical illnesses and injuries including, but not limited to those of the:
 - a. head and neck
 - b. chest
 - c. abdomen
 - d. vascular system
 - e. genitourinary system
- 3. Perform, with appropriate supervision, minimally invasive surgical procedures.
- 4. Attain appropriate hemostasis in both traditional and minimally invasive surgical procedures.
- 5. Utilize appropriate techniques for tissue handling and dissection in both traditional and minimally invasive surgical procedures.
- 6. Perform, with appropriate supervision, procedures for reconstruction after resective procedures including, but not limited to those of the:
 - a. gastrointestinal tract
 - b. genitourinary system
 - c. pancreatobiliary system
 - d. vascular system
- 7. With appropriate supervision, correctly close surgical incisions.
- 8. Properly use the operating room instruments and equipment at the Odessa Regional Medical Center.

Professionalism

- 1. Discuss ethical and legal principals in the management of patients with surgical illnesses and injuries.
- 2. Describe ethnic and cultural factors which should be considered in the management of patient's with surgical illnesses and injuries.
- 3. Describe evidence based options and controversies in the clinical management of patients with surgical illnesses and injuries with students and other members of the health care team.
- 4. Discuss evidence-based recommendations for the management of surgical patients with other members of the health care team.
- 5. Provide care that is respectful of the diverse characteristics and cultures of their patients.
- 6. Consult other members of the health care team when confronted with unusual or complex situations.
- 7. Interact with all members of the health care team in a respectful manner at all times.
- 8. Adhere to all applicable standards of dress and demeanor

Interpersonal and Communication Skills

- 1. Effectively transfer appropriate information to surgical patients and their families.
- 2. Effectively educate surgical patients and their families regarding treatment options

with the

potential risks and benefits of the various options.

3. Effectively transfer clinically relevant information to all members of the healthcare team.
4. Appropriately communicate with physicians, nurses, and other members of the healthcare team in a respectful and professional manner.
5. Document the status of each assigned patient in the medical record daily and after each major change in the patient's clinical status in a timely manner.
6. Participate in multidisciplinary discussions in the care of the surgical patient.
7. Encourage all members of the healthcare team to participate in the treatment plans for the surgical patient.
8. Consult other members of the health care team when confronted with an unusual or complex situation.

Practice Based Learning

1. Critically evaluate the outcomes of each patient to identify opportunities for improvement in the quality of the care provided to the patient.
2. Describe how outcomes data can be used to develop new policies and procedures to improve the outcomes of surgical patients.
3. Describe how the retrospective evaluation of the outcomes of specific groups of patients can be used to evaluate the current policies regarding the care of patients with surgical illnesses.
4. Maintain a personal portfolio of surgical experience with outcomes and critical evaluation of unexpected or adverse events.

Systems Based Practice

1. Document in accordance with service and hospital policy:
 - a. History and physical examination
 - b. progress notes
 - c. transfer and discharge summaries
 - d. procedure notes
2. Describe systems based elements which have been shown to improve outcomes in surgical patients.
3. Identify the systems based elements available at a community based hospital and describe which patients with surgical illness or injury can be appropriately managed in this setting.
4. Describe patient factors in patients with surgical illnesses or injuries which might indicate a need for referral to a tertiary care facility.
5. Assess the availability of other components of the healthcare team in the overall management of the patient with surgical illness or injury including, but not limited to:
 - a. Physical therapy
 - b. Occupational therapy
 - c. Psychological counseling
 - d. Recreational therapy
 - e. Nursing
6. Summarize the activities of other available members of the healthcare team in the overall management of the patients with surgical illnesses and injuries to include the following:
 - a. Physical therapy
 - b. Occupational therapy
 - c. Psychological counseling
 - d. Recreational therapy
 - e. Nursing
7. Utilize system resources effectively to provide appropriate post discharge care.
8. Obtain informed consent in accordance with service and hospital policy from the patient or other designated person prior to performing any invasive procedure

9. Perform and document a “timeout” in accordance with service and hospital policy before all invasive procedures

Page 30 of 173

10. Time and date all medical record entries in accordance with hospital and service policy.
11. Describe and strictly comply with all Residency Review Committee (RRC), State of Texas and Texas Tech University Health Sciences Center requirements including, but not limited to:
 - a. duty hours
 - b. identification of resident fatigue
 - c. educational requirements
 - d. physician impairment
 - e. sexual misconduct
 - f. unprofessional behavior

PGY 3

Medical Knowledge

1. As a prerequisite to beginning the Odessa Regional Medical Center Community Surgery Rotation at the PGY 3 level, the residents will be expected to have attained the Knowledge objectives for PGY 2 residents.
2. Describe options for the non-operative and operative management of surgical illnesses and injuries with an evidence based discussion of the effectiveness and possible complications and long term outcomes of each.
3. Describe the technical aspects of the various surgical procedures which can be used to manage patients with surgical illness or injuries with attention to the anatomy and potential damage to adjacent structures.
4. Describe the possible physiologic consequences of the various surgical procedures for the management of surgical illness or injury with an evidence based discussion of the incidence of these problems and methods to prevent them.
5. Discuss the risks, potential benefits and possible complications of the procedures which can be used to manage surgical illnesses and injuries.
6. Describe the long term outcomes of the various surgical options which can be used for the management of patients with surgical illnesses or injuries.
6. Describe the various incisions that can be utilized to surgically manage surgical illnesses and injuries including, but not limited to those of the:
 - a. head and neck
 - b. chest
 - c. abdomen
 - d. vascular system
 - e. genitourinary system
7. Discuss the concept of minimally invasive surgery including, but not limited to:
 - a. physiologic consequences
 - b. advantages
 - c. immunological effects
 - d. costs
 - e. indications
8. Describe the technical aspects of the various minimally invasive surgical procedures which can be used to manage patients with surgical illnesses or injuries.
9. Describe techniques for hemostasis in both traditional and minimally invasive surgical procedures with the effectiveness, limitations and cost of each.
10. Describe techniques of tissue handling and dissection in both traditional and minimally invasive surgical procedures.
11. Describe the various options for reconstruction, with an evidence based discussion of the potential complications and physiologic consequences of each, after resective procedures including, but not limited to those of the:
 - a. gastrointestinal tract
 - b. genitourinary system
 - c. pancreatobiliary system
 - d. vascular system

12. Describe the technical aspects of the various options for reconstruction after resective procedures including, but not limited to:
 - a. hand sewn or mechanical anastomosis
 - b. permanent or absorbable suture
 - c. use of prosthetic materials
13. Describe the technical aspects of closure of the surgical incision including, but not limited to:
 - a. permanent or absorbable suture
 - b. monofilament or braided suture
 - c. use of prosthetic materials
14. Describe the name and proper use of operating room instruments and equipment used in the care of patients with surgical illnesses and injuries at the Midland Memorial Hospital.

Patient Care

1. As a prerequisite to beginning the Odessa Regional Medical Center Community Surgery Rotation at the PGY 3 level, the residents will also be expected to fulfill the Patient care objectives for PGY 2 residents.
2. Perform, with appropriate supervision, surgical procedures for the management of patients with surgical illness or injuries.
3. Make appropriate incisions to surgically manage patients with surgical illnesses and injuries including, but not limited to those of the:
 - a. head and neck
 - b. chest
 - c. abdomen
 - d. vascular system
 - e. genitourinary system
4. Perform, with appropriate supervision, minimally invasive surgical procedures for patients with surgical illnesses or injuries.
5. Attain appropriate hemostasis in both traditional and minimally invasive surgical procedures.
6. Utilize appropriate techniques for tissue handling and dissection in both traditional and minimally invasive surgical procedures.
7. Perform, with appropriate supervision, procedures for reconstruction after resective procedures including, but not limited to those of the:
 - a. gastrointestinal tract
 - b. genitourinary system
 - c. pancreatobiliary system
 - d. vascular system
8. With appropriate supervision, correctly close surgical incisions.
9. Properly use the operating room instruments and equipment at the Odessa Regional Medical Center.

Professionalism

9. Discuss ethical and legal principals in the management of patients with surgical illnesses and injuries.
10. Describe ethnic and cultural factors which should be considered in the management of patient's with surgical illnesses and injuries.
11. Describe evidence based options and controversies in the clinical management of patients with surgical illnesses and injuries with students and other members of the health care team.
12. Discuss evidence-based recommendations for the management of surgical patients with students and other members of the health care team.
13. Provide care that is respectful of the diverse characteristics and cultures of their patients.
14. Consult other members of the health care team when confronted with unusual or complex

situations.

15. Interact with all members of the health care team in a respectful manner at all times. Page 32 of 173

16. Adhere to all applicable standards of dress and demeanor **Interpersonal and Communication Skills**

9. Effectively transfer appropriate information to surgical patients and their families.
10. Effectively educate surgical patients and their families regarding treatment options with the potential risks and benefits of the various options.
11. Effectively transfer clinically relevant information to all members of the healthcare team.
12. Appropriately communicate with physicians, nurses, and other members of the healthcare team in a respectful and professional manner.
13. Document the status of each patient in their care in the medical record daily and after each major change in the patient's clinical status in a timely manner.
14. Participate in multidisciplinary discussions in the care of the surgical patient.
15. Encourage all members of the healthcare team to participate in the treatment plans for the surgical patient.
16. Consult other members of the health care team when confronted with an unusual or complex situation.

Practice Based Learning

1. Critically evaluate the outcomes of each patient in their care to identify opportunities for improvement in the quality of the care provided to the surgical patient.
2. Describe how outcomes data can be used to develop new policies and procedures to improve the outcomes of surgical patients.
3. Describe how the retrospective evaluation of the outcomes of specific groups of patients can be used to evaluate the current policies regarding the care of patients with surgical illnesses and injuries.
4. Maintain a personal portfolio of surgical experience with outcomes and critical evaluation of unexpected or adverse events.

Systems Based Practice

1. Document in accordance with service and hospital policy:
 - a. History and physical examination
 - b. progress notes
 - c. transfer and discharge summaries
 - d. procedure notes
2. Describe systems based elements which have been shown to improve outcomes in patients with surgical illnesses or injuries.
3. Identify the systems based elements available at a tertiary care hospital and describe which surgical procedures for patients with surgical illnesses or injuries can be appropriately performed in this setting.
4. Describe patient factors in patients with surgical illnesses or injuries which might indicate a need for referral to another facility.
5. Assess the availability of other components of the healthcare team in the overall management of patients with surgical illnesses or injuries including, but not limited to:
 - a. Physical therapy
 - b. Occupational therapy
 - c. Psychological counseling
 - d. Recreational therapy
 - e. Nursing
6. Summarize the activities of other available members of the healthcare team in the overall management of patients with surgical illnesses or injuries to include the following:
 - a. Physical therapy
 - b. Occupational therapy
 - c. Psychological

counseling d.
Recreational therapy

Page 33 of 173

- e. Nursing
- 7. Utilize effectively system resources to provide appropriate post discharge care.
- 8. Obtain informed consent in accordance with service and hospital policy from the patient or other designated person prior to performing any invasive procedure
- 9. Perform and document a "timeout" in accordance with service and hospital policy before all invasive procedures
- 10. Time and date all medical record entries in accordance with hospital and service policy.
- 11. Describe and strictly comply with all Residency Review Committee (RRC), State of Texas and Texas Tech University Health Science Center Permian Basin requirements including, but not limited to:
 - a. duty hours
 - b. identification of resident fatigue
 - c. educational requirements
 - d. physician impairment
 - e. sexual misconduct
 - f. unprofessional behavior

PGY 4

Medical Knowledge

- 1. As a prerequisite to beginning the Odessa Regional Medical Center Community Surgery Rotation at the PGY 4 level, the residents will be expected to have attained the Knowledge objectives for the PGY 2 and PGY 3 residents.
- 2. Describe options for the non-operative and operative management of surgical illnesses and injuries with an evidence based discussion of the effectiveness and possible complications of each and long term consequences of each.
- 3. Describe the technical aspects of the various procedures which can be used to manage patients with surgical illness or injuries with attention to the anatomy and potential damage to adjacent structures.
- 4. Describe the possible physiologic consequences of the various procedures for the surgical management of acute illness or injury with an evidence based discussion of the incidence of these problems and methods to prevent them.
- 5. Discuss the risks, potential benefits and possible complications of the procedures which can be used to manage surgical illnesses and injuries.
- 6. Describe the long term consequences of the various options which can be used for the management of patients with surgical illnesses or injuries.
- 6. Describe the various incisions that can be utilized to manage surgical illnesses and injuries including, but not limited to those of the:
 - a. head and neck
 - b. chest
 - c. abdomen
 - d. vascular system
 - e. genitourinary system
- 7. Discuss the concept of minimally invasive surgery including, but not limited to:
 - a. advantages
 - b. immunological effects
 - c. costs
 - d. physiologic consequences
 - e. indications
- 8. Describe the technical aspects of the various minimally invasive procedures which can be used to manage patients with surgical illnesses or injuries.
- 9. Describe techniques for hemostasis in both traditional and minimally invasive surgical procedures with the effectiveness, limitations and cost of each.

10. Describe techniques of tissue handling and dissection in both traditional and minimally invasive surgical procedures.
11. Describe the various options for reconstruction, with an evidence based discussion of the potential complications and physiologic consequences of each, after resective procedures including, but not limited to those of the:
 - a. gastrointestinal tract
 - b. genitourinary system
 - c. pancreatobiliary system
 - d. vascular system
12. Describe the technical aspects of the various options for reconstruction after resective procedures including, but not limited to:
 - a. hand sewn or mechanical anastomosis
 - b. permanent or absorbable suture
 - c. use of prosthetic materials
13. Describe the technical aspects of closure of the surgical incision including, but not limited to:
 - a. permanent or absorbable suture
 - b. monofilament or braided suture
 - c. use of prosthetic materials
14. Describe the name and proper use of operating room instruments and equipment used in the care of patients with surgical illnesses and injuries at the Odessa Regional Medical Center.
15. Describe the skills needed to be an effective leader of the health care team including, but not limited to:
 - a. how to be an effective leader of the healthcare team
 - b. methods to encourage input from members of the healthcare team
 - c. activities to educate members of the health care team
 - d. techniques to effectively communication with team

members **Patient Care**

1. As a perquisite to beginning the Odessa Regional Medical Center Community Surgery Rotation at the PGY 4 level, the residents will also be expected to fulfill the Patient Care objectives for the PGY 2 and PGY 3 residents.
2. Select and perform, with appropriate supervision, procedures for the management of patients with surgical illness or injuries.
3. Make appropriate incisions to manage patients with surgical illnesses and injuries including, but not limited to those of the:
 - a. head and neck
 - b. chest
 - c. abdomen
 - d. vascular system
 - e. genitourinary system
4. Perform, with appropriate supervision, minimally invasive procedures for patients with surgical illnesses or injuries.
5. Attain appropriate hemostasis in both traditional and minimally invasive surgical procedures.
6. Utilize appropriate techniques for tissue handling and dissection in both traditional and minimally invasive surgical procedures.
7. Perform, with appropriate supervision, procedures for reconstruction after resective procedures including, but not limited to those of the:
 - a. gastrointestinal tract
 - b. genitourinary system
 - c. pancreatobiliary system
 - d. vascular system
8. With appropriate supervision, appropriately close surgical incisions.
9. Properly use the operating room instruments and equipment at the Medical Center Hospital.
10. With appropriate supervision, provide effective leadership of the health care team, including, but not limited to:
 - a. leading by example

- b. encouraging input from members of the healthcare team

Page 35 of 173

- c. educating members of the health care team
- d. providing appropriate supervision of the activities of the healthcare team effectively communicating with team members
- e. accepting responsibility for the activities of the health care team
- f.

Professionalism

1. Discuss ethical and legal principals in the management of patients with surgical illnesses and injuries.
2. Describe ethnic and cultural factors which should be considered in the management of patient's with surgical illnesses and injuries.
3. Describe evidence based options and controversies in the clinical management of patients with surgical illnesses and injuries with students and other members of the health care team.
4. Discuss evidence-based recommendations for the management of surgical patients with other members of the health care team.
5. Provide care that is respectful of the diverse characteristics and cultures of patients.
6. Consult other members of the health care team when confronted with unusual or complex situations.
7. Interact with all members of the health care team in a respectful manner at all times.
8. Adhere to all applicable standards of dress and

demeanor Interpersonal and Communication Skills

1. Effectively transfer appropriate information to surgical patients and their families.
2. Effectively educate surgical patients and their families regarding treatment options with the potential risks and benefits of the various options.
3. Effectively transfer clinically relevant information to all members of the healthcare team.
4. Appropriately communicate with physicians, nurses, and other members of the healthcare team in a respectful and professional manner.
5. Document the status of each assigned patient in the medical record daily and after each major change in the patient's clinical status in a timely manner.
6. Participate in multidisciplinary discussions in the care of the surgical patient.
7. Encourage all members of the healthcare team to participate in the treatment plans for the surgical patient.
8. Consult other members of the health care team when confronted with an unusual or complex situation.

Practice Based Learning

1. Critically evaluate the outcomes of each patient to identify opportunities for improvement in the quality of the care provided to the patient.
2. Describe how outcomes data can be used to develop new policies and procedures to improve the outcomes of surgical patients.
3. Describe how the retrospective evaluation of the outcomes of specific groups of patients can be used to evaluate the current policies regarding the care of patients with surgical illnesses.
4. Maintain a personal portfolio of surgical experience with outcomes and critical evaluation of unexpected or adverse events.

Systems Based Practice

1. Document in accordance with service and hospital policy:

a. History and physical examination b. progress notes

Page 36 of 173

- c. transfer and discharge summaries d. procedure notes
- 2. Describe systems based elements which have been shown to improve outcomes in surgical patients.
- 3. Identify the systems based elements available at a community based hospital and describe which patients with surgical illness or injury can be appropriately managed in this setting.
- 4. Describe patient factors in patients with surgical illnesses or injuries which might indicate a need for referral to a tertiary care facility.
- 5. Assess the availability of other components of the healthcare team in the overall management of the patient with surgical illness or injury including, but not limited to:
 - a. Physical therapy
 - b. Occupational therapy
 - c. Psychological counseling
 - d. Recreational therapy
 - e. Nursing
- 6. Summarize the activities of other available members of the healthcare team in the overall management of the patients with surgical illnesses and injuries to include the following:
 - a. Physical therapy
 - b. Occupational therapy
 - c. Psychological counseling
 - d. Recreational therapy
 - e. Nursing
- 7. Utilize effectively system resources to provide appropriate post discharge care.
- 8. Obtain informed consent in accordance with service and hospital policy from the patient or other designated person prior to performing any invasive procedure
- 9. Perform and document a "timeout" in accordance with service and hospital policy before all invasive procedures
- 10. Time and date all medical record entries in accordance with hospital and service policy.
- 11. Describe and strictly comply with all Residency Review Committee (RRC), State of Texas and Texas Tech University Health Sciences Center requirements including, but not limited to:
 - a. duty hours
 - b. identification of resident fatigue
 - c. educational requirements
 - d. physician impairment
 - e. sexual misconduct
 - f. unprofessional behavior
- 12. Develop duty schedules which include, but are not limited to:
 - a. adherence to Residency Review Committee (RRC) requirements regarding duty hours.
 - b. documentation of time off.
 - c. arrangements for vacation time in accordance with Texas Tech University Health Sciences Center Permian Basin policy.
 - d. time to attend educational conferences.

**General Surgery Rotation
Midland Memorial Hospital, Midland
TX**

Goals

1. Demonstrate an understanding of the pathophysiologic effect of surgical illness and injury.
2. Demonstrate the ability to effectively manage the care of a patient with surgical illness or injuries.
3. Demonstrate the knowledge and ability to manage a variety of healthcare services for surgical illness or injuries.
4. Develop the knowledge and skills necessary to independently care for patients with surgical illnesses or injuries.

Objectives

s PGY 1

Medical Knowledge

1. Discuss the anatomy and physiology of the abdominal wall, stomach, small intestine, colon, hepatobiliary system, pancreas, vascular system, integument, breast, and endocrine system in adult and geriatric patients.
2. Discuss the pathophysiology and natural history of surgical illnesses and injuries of the abdominal wall, stomach, small intestine, colon, hepatobiliary system, pancreas, vascular system, integument, breast, and endocrine system in adult and geriatric patients.
3. Discuss the symptoms, signs and clinical findings suggestive of acute illnesses and injuries of abdominal wall, stomach, small intestine, colon, hepatobiliary system, pancreas, vascular system, integument, breast, and endocrine system diseases in adult and geriatric patients.
4. Discuss the various laboratory and radiology studies that can be used in the evaluation of acute illnesses and injuries of the abdominal wall, stomach, small intestine, colon, hepatobiliary system, pancreas, vascular system, integument, breast, and endocrine system.
5. Discuss the general principles of the hormonal response to acute illnesses and injuries with the potential metabolic and physiologic consequences in adult and geriatric patients and options for the management of these changes.
6. Describe the options for the management of comorbid conditions in adult and geriatric patients with acute illnesses and injuries including but not limited to:
 - a. diabetes
 - b. pulmonary diseases
 - c. cardiac diseases
 - d. renal disease
 - e. coagulopathy
 - f. malnutrition
 - g. immunosuppression
7. Discuss options in the management of abnormalities of fluid, electrolytes and coagulation that may be associated with surgical illnesses and injuries.
8. Identify the risk factors associated with morbidity and mortality in adult and geriatric patients with surgical illnesses and injuries and methods to manage these factors.
9. Describe the symptoms, signs and physical findings suggestive of possible complications of surgical illnesses and injuries.
10. Discuss the options for deep venous thrombosis prophylaxis, antibiotics and cardiac risk prophylaxis for critically ill or injured patients.
11. Discuss the composition of the various blood products and options in the use of

- blood and blood products.
12. Discuss options for the management of pain in patients with surgical illness or injury.

Page 38 of 173

13. Describe surgical options for the management of surgical illnesses and injuries.
14. Discuss the indications and possible complications of diagnostic and therapeutic rigid and flexible endoscopic procedures on patients with surgical illness or injury including but not limited to:
 - a. laryngotracheoscopy
 - b. esophagogastroduodenoscopy
 - c. proctosigmoidoscopy
 - d. colonoscopy
15. Discuss postoperative follow up and rehabilitation for patients with surgical illnesses and injuries including, but not limited to:
 - a. wound care
 - b. dietary restrictions
 - c. drain care
 - d. stoma care
 - e. clinic visits
 - f. pain management
 - g. counseling
 - h. maintenance of health
 - i. further evaluation and treatments

Patient Care

1. Using an evidence based review of the literature, provide appropriate evaluation, treatment and monitoring of patients with surgical illnesses and injuries.
2. Administer appropriate fluids and electrolytes to surgical patients during the pre and post operative period.
3. Select and apply appropriate dressings and antibacterials.
4. Using an evidence based review of the literature, appropriately manage the systemic effects of surgical illness or injury, including, but not limited to:
 - a. Gastrointestinal problems
 - b. Immunologic problems
 - c. Cardio-respiratory problems
 - d. Nutritional problems
5. Administer appropriate blood and blood products to patients with surgical illnesses and injuries
6. Provide appropriate wound care including, but not limited to:
 - a. surgical and enzymatic debridement of infected and necrotic tissues
 - b. vacuum assisted wound closure
7. Provide acceptable management of pain.
8. Perform an accurate problem specific physical examination on each patient daily and document the results.
9. Maintain a current problem list on each patient on the service with therapeutic plans.
10. Promptly evaluate and report to appropriate members of the health care team all unexpected or adverse events.
11. Satisfactorily perform diagnostic and therapeutic flexible laryngotracheoscopy, esophagogastroduodenoscopy, colonoscopy and flexible proctosigmoidoscopy on patients with surgical illness or injuries.
12. Coordinate postoperative follow up and rehabilitation for patients with surgical illnesses and injuries including, but not limited to:
 - a. wound care
 - b. dietary restrictions
 - c. drain care
 - d. stoma care
 - e. clinic visits
 - f. pain management
 - g. counseling
 - h. maintenance of health
 - i. further evaluation and

9. Discuss ethical and legal principals in the management of patients with surgical illnesses and injuries.
10. Describe ethnic and cultural factors which should be considered in the management of patient's with surgical illnesses and injuries.
11. Describe evidence based options and controversies in the clinical management of patients with surgical illnesses and injuries with students and other members of the health care team.
12. Discuss evidence-based recommendations for the management of surgical patients with students and other members of the health care team.
13. Provide care that is respectful of the diverse characteristics and cultures of their patients.
14. Consult other members of the health care team when confronted with unusual or complex situations.
15. Interact with all members of the health care team in a respectful manner at all times.
16. Adhere to all applicable standards of dress and demeanor

Interpersonal and Communication Skills

9. Effectively transfer appropriate information to patients with surgical illnesses or injuries and their families.
10. Effectively educate patient with surgical illnesses or injuries and their families regarding treatment options with the potential risks and benefits of the various options.
11. Effectively transfer clinically relevant information to all members of the healthcare team.
12. Appropriately communicate with physicians, nurses, and other members of the healthcare team in a respectful and professional manner.
13. Document the status of each assigned patient in the medical record daily and after each major change in the patient's clinical status in a timely manner.
14. Participate in multidisciplinary discussions in the care of patients with surgical illnesses or injuries.
15. Encourage all members of the healthcare team to participate in the treatment plans for patients with surgical illnesses or injuries.
16. Consult other members of the health care team when confronted with an unusual or complex situation.

Practice Based

Learning

1. Critically evaluate the outcomes of each patient to identify opportunities for improvement in the quality of the care provided to patients with surgical illnesses or injuries.
2. Describe how outcomes data can be used to develop new policies and procedures to improve the outcomes of patients with surgical illnesses or injuries.
3. Describe how the retrospective evaluation of the outcomes of specific groups of patients can be used to evaluate the current policies regarding the care of patients with surgical illnesses or injuries.
4. Maintain a personal portfolio of experience with patients with surgical illnesses or injuries including outcomes and the critical evaluation of unexpected or adverse events.

Systems Based Practice

1. Document in accordance with service and hospital policy:
 - a. History and physical examination
 - b. progress notes
 - c. transfer and discharge summaries
 - d.

procedure notes

2. Describe systems based elements which have been shown to improve outcomes in patients with surgical illnesses or injuries.

Page 40 of 173

3. Identify the systems based elements available at a tertiary care hospital and describe which patients with surgical illnesses or injuries require these elements.
4. Describe patient factors in patients with surgical illnesses or injuries which might indicate a need for referral to another facility.
5. Assess the availability of other components of the healthcare team in the overall management of the acutely ill or injured patient including, but not limited to:
 - a. Physical therapy
 - b. Occupational therapy
 - c. Psychological counseling
 - d. Recreational therapy
 - e. Nursing
6. Summarize the activities of other available members of the healthcare team in the overall management of patients with surgical illnesses or injuries to include the following:
 - a. Physical therapy
 - b. Occupational therapy
 - c. Psychological counseling
 - d. Recreational therapy
 - e. Nursing
7. Utilize system resources effectively to provide appropriate post discharge care.
8. Obtain informed consent in accordance with service and hospital policy from the patient or other designated person prior to performing any invasive procedure.
9. Perform and document a "timeout" in accordance with service and hospital policy before all invasive procedures
10. Time and date all medical record entries in accordance with hospital and service policy.
11. Describe and strictly comply with all Residency Review Committee (RRC), State of Texas and Texas Tech University Health Sciences Center requirements including, but not limited to:
 - a. duty hours
 - b. identification of resident fatigue
 - c. educational requirements
 - d. physician impairment
 - e. sexual misconduct
 - f. unprofessional behavior

PGY 2

Medical Knowledge

1. As a prerequisite to beginning the Midland Memorial Hospital Surgery Rotation at the PGY 2 level, the residents will be expected to have attained the Knowledge objectives for PGY 1 residents.
2. Discuss the anatomy and physiology of the abdominal wall, stomach, small intestine, colon, hepatobiliary system, pancreas, vascular system, integument, breast, and endocrine system in adult and geriatric patients.
3. Discuss the pathophysiology and natural history of surgical illnesses and injuries of the abdominal wall, stomach, small intestine, colon, hepatobiliary system, pancreas, vascular system, integument, breast, and endocrine system in adult and geriatric patients.
4. Discuss possible variations in the symptoms, signs and clinical findings suggestive of surgical illnesses and injuries of abdominal wall, stomach, small intestine, colon, hepatobiliary system, pancreas, vascular system, integument, breast, and endocrine

system diseases in adult and geriatric patients.

Page 41 of 173

5. Discuss the various laboratory and radiology studies that can be used in the evaluation of surgical illnesses and injuries of the abdominal wall, stomach, small intestine, colon, hepatobiliary system, pancreas, vascular system, integument, breast, and endocrine system with an evidence based discussion of the accuracy of each.
6. Discuss the general principles of the hormonal response to surgical illnesses and injuries with the potential metabolic and physiologic consequences in adult and geriatric patients and options for the management of these changes with an evidence based discussion of the effectiveness and possible complications of each.
7. Describe the options for the management of comorbid conditions with evidence based discussion of the effectiveness and possible complications of each in adult and geriatric patients with surgical illnesses and injuries including but not limited to:
 - a. diabetes
 - b. pulmonary diseases
 - c. cardiac diseases
 - d. renal disease
 - e. coagulopathy
 - f. malnutrition
 - g. immunosuppression
8. Discuss options for the management of the abnormalities of fluid, electrolytes and coagulation that may be associated with surgical illnesses and injuries.
9. Identify the risk factors associated with morbidity and mortality in adult and geriatric patients with surgical illnesses and injuries and methods to manage these factors.
10. Describe the symptoms, signs and physical findings suggestive of possible complications of surgical illnesses and injuries.
11. Discuss the options for deep venous thrombosis prophylaxis, antibiotics and cardiac risk prophylaxis for critically ill or injured patients with an evidence based discussion of the effectiveness and possible complications of each.
12. Discuss the composition of the various blood products and options in the use of blood and blood products with an evidence based discussion of the effectiveness and possible complications of each.
13. Discuss options for the management of pain in the surgical patient with an evidence based discussion of the effectiveness and possible complications of each.
14. Describe options for the surgical management of surgical illnesses and injuries.
15. Discuss the indications for and the possible complications of diagnostic and therapeutic rigid and flexible endoscopic procedures on patients with surgical illnesses or injuries including but not limited to:
 - a. laryngotracheoscopy
 - b. esophagogastroduodenoscopy
 - c. proctosigmoidoscopy
 - d. colonoscopy
16. Discuss postoperative follow up and rehabilitation for patients with surgical illnesses and injuries including, but not limited to:
 - a. wound care
 - b. dietary restrictions
 - c. drain care
 - d. stoma care
 - e. clinic visits
 - f. reconditioning
 - g. pain management
 - h. counseling
 - i. maintenance of health
 - j. further evaluation and treatments

Patient Care

1. As a prerequisite to beginning the Midland Memorial Hospital Surgery Rotation at the

PGY 2 level, the residents will be expected to fulfill the Patient Care objectives for PGY 1 residents.

Page 42 of 173

2. Using an evidence based review of the literature, provide appropriate evaluation, treatment and monitoring of patients with surgical illnesses and injuries.
3. Administer appropriate fluids and electrolytes in surgical patients during the pre and post operative period.
4. Select and apply appropriate dressings and antibacterials.
5. Using an evidence based review of the literature, appropriately manage the systemic effects of surgical illness or injury, including but not limited to
 - a. Gastrointestinal problems
 - b. Immunologic problems
 - c. Cardio-respiratory problems
 - d. Nutritional problems
6. Administer appropriate blood and blood products to patients with surgical illnesses and injuries.
7. Provide appropriate wound care including, but not limited to:
 - a. surgical and enzymatic debridement of infected and necrotic tissues
 - b. vacuum assisted wound closure
8. Provide acceptable management of pain.
9. Perform an accurate problem specific physical examination on each patient daily and document the results.
10. Maintain a current problem list on each patient on the service with therapeutic plans.
11. Promptly evaluate and report to appropriate members of the health care team all unexpected or adverse events.
12. Satisfactorily perform diagnostic and therapeutic flexible laryngotracheoscopy, esophagogastroduodenoscopy, colonoscopy and flexible proctosigmoidoscopy on patients with surgical illnesses or injuries.
13. Coordinate postoperative follow up and rehabilitation for patients with surgical illnesses and injuries including, but not limited to:

a. wound care	b. dietary
c. restrictions	d. drain care
e. stoma care	
f. reconditioning	g. clinic visits
h. pain management	i. maintenance of
j. counseling	
k. health	
l. further evaluation and	

treatments **Professionalism**

1. Discuss ethical and legal principals in the management of patients with surgical illnesses and injuries.
2. Describe ethnic and cultural factors which should be considered in the management of patient's with surgical illnesses and injuries.
3. Describe evidence based options and controversies in the clinical management of patients with surgical illnesses and injuries with students and other members of the health care team.
4. Discuss evidence-based recommendations for the management of patients with surgical illnesses or injuries with students and other members of the health care team.
5. Provide care that is respectful of the diverse characteristics and cultures of their patients.
6. Consult other members of the health care team when confronted with unusual or complex situations.
7. Interact with all members of the health care team in a respectful manner at all times.
8. Adhere to all applicable standards of dress and

1. Effectively transfer appropriate information to patients with surgical illnesses or injuries and their families.
2. Effectively educate patients with surgical illnesses or injuries and their families regarding treatment options with the potential risks and benefits of the various options.
3. Effectively transfer clinically relevant information to all members of the healthcare team.
4. Appropriately communicate with physicians, nurses, and other members of the healthcare team in a respectful and professional manner.
5. Document the status of each assigned patient in the medical record daily and after each major change in the patient's clinical status in a timely manner.
6. Participate in multidisciplinary discussions in the care of the patient with a surgical illness or injury.
7. Encourage all members of the healthcare team to participate in the treatment plans for the patients with surgical illnesses or injuries.
8. Consult other members of the health care team when confronted with an unusual or complex situation.

Practice Based Learning

1. Critically evaluate the outcomes of each patient to identify opportunities for improvement in the quality of the care provided to the patients with surgical illnesses or injuries.
2. Describe how outcomes data can be used to develop new policies and procedures to improve the outcomes of patients with surgical illnesses or injuries.
3. Describe how the retrospective evaluation of the outcomes of specific groups of patients can be used to evaluate the current policies regarding the care of patients with surgical illnesses or injuries.
4. Maintain a personal portfolio of experience with patients with surgical illnesses or injuries including outcomes and critical evaluation of unexpected or adverse events.

Systems Based Practice

1. Document in accordance with service and hospital policy:
 - a. History and physical examination
 - b. progress notes
 - c. transfer and discharge summaries
 - d. procedure notes
2. Describe systems based elements which have been shown to improve outcomes in patients with surgical illnesses or injuries.
3. Identify the systems based elements available at a tertiary care hospital and describe which patients with surgical illnesses or injuries require these elements.
4. Describe patient factors in patients with surgical illnesses or injuries which might indicate a need for referral to another facility.
5. Assess the availability of other components of the healthcare team in the overall management of patients with surgical illnesses or injuries including, but not limited to:
 - a. Physical therapy
 - b. Occupational therapy
 - c. Psychological counseling
 - d. Recreational therapy
 - e. Nursing
6. Summarize the activities of other available members of the healthcare team in the overall management of patients with surgical illnesses or injuries to include the following:
 - a. Physical therapy
 - b. Occupational therapy

c. Psychological
counseling d.
Recreational therapy
e. Nursing

Page 44 of 173

7. Utilize effectively system resources to provide appropriate post discharge care.
8. Obtain informed consent in accordance with service and hospital policy from the patient or other designated person prior to performing any invasive procedure
9. Perform and document a "timeout" in accordance with service and hospital policy before all invasive procedures
10. Time and date all medical record entries in accordance with hospital and service policy.
11. Describe and strictly comply with all Residency Review Committee (RRC), State of Texas and Texas Tech University Health Sciences Center requirements including, but not limited to:
 - a. duty hours
 - b. identification of resident fatigue
 - c. educational requirements
 - d. physician impairment
 - e. sexual misconduct
 - f. unprofessional behavior

PGY 4

Medical Knowledge

1. As a prerequisite to beginning the Midland Memorial Hospital Surgery Rotation at the PGY 4 level, the residents will be expected to have attained the Knowledge objectives for PGY 1, PGY 2, and PGY 3 residents.
2. Describe options for the non-operative and operative management of surgical illnesses and injuries with an evidence based discussion of the effectiveness and possible complications and long term outcomes of each.
3. Describe the technical aspects of the various surgical procedures which can be used to manage patients with surgical illness or injuries with attention to the anatomy and potential damage to adjacent structures.
4. Describe the possible physiologic consequences of the various surgical procedures for the management of surgical illness or injury with an evidence based discussion of the incidence of these problems and methods to prevent them.
5. Discuss the risks, potential benefits and possible complications of the surgical procedures which can be used to manage surgical illnesses and injuries.
6. Describe the long term consequences of the various surgical options which can be used for the management of patients with surgical illnesses or injuries.
6. Describe the various incisions that can be utilized to surgically manage surgical illnesses and injuries including, but not limited to those of the:
 - a. head and neck
 - b. chest
 - c. abdomen
 - d. vascular system
 - e. genitourinary system
7. Discuss the concept of minimally invasive surgery including, but not limited to:
 - a. advantages
 - b. immunological effects
 - c. costs
 - d. physiologic consequences
 - e. indications
8. Describe the technical aspects of the various minimally invasive surgical procedures which can be used to manage patients with surgical illnesses or injuries.
9. Describe techniques for hemostasis in both traditional and minimally invasive surgical procedures with the effectiveness, limitations and cost of each.
10. Describe techniques of tissue handling and dissection in both traditional and minimally invasive surgical procedures.

11. Describe the various options for reconstruction, with an evidence based discussion of the potential complications and physiologic consequences of each, after resective procedures including, but not limited to those of the:
 - a. gastrointestinal tract system
 - b. genitourinary system
 - c. pancreatobiliary system
 - d. vascular system
12. Describe the technical aspects of the various options for reconstruction after resective procedures including, but not limited to:
 - a. hand sewn or mechanical anastomosis
 - b. permanent or absorbable suture
 - c. use of prosthetic materials
13. Describe the technical aspects of closure of the surgical incision including, but not limited to:
 - a. permanent or absorbable suture
 - b. monofilament or braided suture
 - c. use of prosthetic materials
14. Describe the name and proper use of operating room instruments and equipment used in the care of patients with acute illnesses and injuries at the Midland Memorial Hospital.
15. Describe the skills needed to be an effective leader of the health care team including, but not limited to:
 - a. how to be an effective leader of the healthcare team
 - b. methods to encourage input from members of the healthcare team
 - c. activities to educate members of the health care team
 - d. techniques to effectively communicate with team

members **Patient Care**

1. As a prerequisite to beginning the Midland Memorial Hospital Surgery Rotation at the PGY 4 level, the residents will also be expected to fulfill the Patient care objectives for PGY 1, PGY 2 and PGY 3 residents.
2. Select and perform, with appropriate supervision, surgical procedures for the management of patients with surgical illness or injuries.
3. Make appropriate incisions to surgically manage patients with surgical illnesses and injuries including, but not limited to those of the:
 - a. head and neck
 - b. chest
 - c. abdomen
 - d. vascular system
 - e. genitourinary system
4. Perform, with appropriate supervision, minimally invasive surgical procedures for patients with surgical illnesses or injuries.
5. Attain appropriate hemostasis in both traditional and minimally invasive surgical procedures.
6. Utilize appropriate techniques for tissue handling and dissection in both traditional and minimally invasive surgical procedures.
7. Perform, with appropriate supervision, procedures for reconstruction after resective procedures including, but not limited to those of the:
 - a. gastrointestinal tract system
 - b. genitourinary system
 - c. pancreatobiliary system
 - d. vascular system
8. With appropriate supervision, correctly close surgical incisions.
9. Properly use the operating room instruments and equipment at the Medical Center Hospital.
10. With appropriate supervision, provide effective leadership of the healthcare team, including, but not limited to:
 - a. leading by example
 - b. encouraging input from members of the healthcare team
 - c. educating members of the health care team

- d. providing appropriate supervision of the activities of the healthcare team

Page 46 of 173

- e. effectively communicating with team members
- f. accepting responsibility for the activities of the healthcare team

Professionalism

1. Discuss ethical and legal principals in the management of patients with surgical illnesses and injuries.
2. Describe ethnic and cultural factors which should be considered in the management of patient's with surgical illnesses and injuries.
3. Describe evidence based options and controversies in the clinical management of patients with surgical illnesses and injuries with students and other members of the health care team.
4. Discuss evidence-based recommendations for the management of surgical patients with students and other members of the health care team.
5. Provide care that is respectful of the diverse characteristics and cultures of their patients.
6. Consult other members of the health care team when confronted with unusual or complex situations.
7. Interact with all members of the health care team in a respectful manner at all times.
8. Adhere to all applicable standards of dress and demeanor

Interpersonal and Communication Skills

1. Effectively transfer appropriate information to patients with surgical illnesses and injuries and their families.
2. Effectively educate patients with surgical illnesses and injuries and their families regarding treatment options with the potential risks and benefits of the various options.
3. Effectively transfer clinically relevant information to all members of the healthcare team.
4. Appropriately communicate with physicians, nurses, and other members of the healthcare team in a respectful and professional manner.
5. Document the status of each assigned patient in the medical record daily and after each major change in the patient's clinical status in a timely manner.
6. Participate in multidisciplinary discussions in the care of patients with surgical illnesses and injuries.
7. Encourage all members of the healthcare team to participate in the treatment plans for patients with surgical illnesses and injuries.
8. Consult other members of the health care team when confronted with an unusual or complex situation.

Practice Based Learning

1. Critically evaluate the outcomes of each patient to identify opportunities for improvement in the quality of the care provided to the surgery patient.
2. Describe how outcomes data can be used to develop new policies and procedures to improve the outcomes of patients with surgical illnesses and injuries.
3. Describe how the retrospective evaluation of the outcomes of specific groups of patients can be used to evaluate the current policies regarding the care of patients with surgical illnesses or injuries.
4. Maintain a personal portfolio of experience with patients with surgical illnesses and injuries including outcomes and critical evaluation of unexpected or adverse events.

Systems Based Practice

1. Document in accordance with service and hospital policy:
 - a. History and physical examination
 - b. progress notes

Page 47 of 173

- c. transfer and discharge summaries d. procedure notes
- 2. Describe systems based elements which have been shown to improve outcomes in patients with surgical illnesses and injuries.
- 3. Identify the systems based elements available at a tertiary care hospital and describe which patients with surgical illnesses and injuries require these elements.
- 4. Describe patient factors in patients with surgical illnesses or injuries which might indicate a need for referral to another facility.
- 5. Assess the availability of other components of the healthcare team in the overall management of patients with surgical illnesses and injuries including, but not limited to:
 - a. Physical therapy
 - b. Occupational therapy
 - c. Psychological counseling
 - d. Recreational therapy
 - e. Nursing
- 6. Summarize the activities of other available members of the healthcare team in the overall management of patients with surgical illnesses and injuries to include the following:
 - a. Physical therapy
 - b. Occupational therapy
 - c. Psychological counseling
 - d. Recreational therapy
 - e. Nursing
- 7. Utilize system resources effectively to provide appropriate post discharge care.
- 8. Obtain informed consent in accordance with service and hospital policy from the patient or other designated person prior to performing any invasive procedure
- 9. Perform and document a "timeout" in accordance with service and hospital policy before all invasive procedures
- 10. Time and date all medical record entries in accordance with hospital and service policy.
- 11. Describe and strictly comply with all Residency Review Committee (RRC), State of Texas and Texas Tech University Health Sciences Center requirements including, but not limited to:
 - a. duty hours
 - b. identification of resident fatigue
 - c. educational requirements
 - d. physician impairment
 - e. sexual misconduct
 - f. unprofessional behavior

PGY 5 (Chief Resident)

Medical Knowledge

1. As a prerequisite to beginning the Midland Memorial Hospital Surgery Rotation at the PGY 5 level, the residents will be expected to have attained the Knowledge objectives for PGY 1, PGY 2, PGY 3, and PGY 4 residents.
2. Describe options for the non-operative and operative management of surgical illnesses and injuries with an evidence based discussion of the effectiveness and possible complications and long term consequences of each.
3. Describe the technical aspects of the various surgical procedures which can be used to manage patients with surgical illness or injuries with attention to the anatomy and potential damage to adjacent structures.
4. Describe the possible physiologic consequences of the various surgical procedures for the management of surgical illness or injury with an evidence based discussion of the incidence of these problems and methods to prevent them.

5. Discuss the risks, potential benefits and possible complications of the surgical procedures which can be used to manage surgical illnesses and injuries.

Page 48 of 173

6. Describe the long term outcomes of the various surgical options which can be used for the management of patients with surgical illnesses or injuries.
6. Describe the various incisions that can be utilized to surgically manage surgical illnesses and injuries including, but not limited to those of the:
 - a. head and neck
 - b. chest
 - c. abdomen
 - d. vascular system
 - e. genitourinary system
7. Discuss the concept of minimally invasive surgery including, but not limited to:
 - a. physiologic consequences
 - b. advantages
 - c. immunological effects
 - d. costs
 - e. indications
8. Describe the technical aspects of the various minimally invasive surgical procedures which can be used to manage patients with surgical illnesses or injuries.
9. Describe techniques for hemostasis in both traditional and minimally invasive surgical procedures with the effectiveness, limitations and cost of each.
10. Describe techniques of tissue handling and dissection in both traditional and minimally invasive surgical procedures.
11. Describe the various options for reconstruction, with an evidence based discussion of the potential complications and physiologic consequences of each, after resective procedures including, but not limited to those of the:
 - a. gastrointestinal tract
 - b. genitourinary system
 - c. pancreatobiliary system
 - d. vascular system
12. Describe the technical aspects of the various options for reconstruction after resective procedures including, but not limited to:
 - a. hand sewn or mechanical anastomosis
 - b. permanent or absorbable suture
 - c. use of prosthetic materials
13. Describe the technical aspects of closure of the surgical incision including, but not limited to:
 - a. permanent or absorbable suture
 - b. monofilament or braided suture
 - c. use of prosthetic materials
14. Describe the name and proper use of operating room instruments and equipment used in the care of patients with acute illnesses and injuries at the Medical Center Hospital.
15. Describe the skills needed to be an effective leader of the health care team including, but not limited to:
 - a. how to be an effective leader of the healthcare team
 - b. methods to encourage input from members of the healthcare team
 - c. activities to educate members of the health care team
 - d. techniques to effectively communication with team members

members Patient Care

1. As a perquisite to beginning the Midland Memorial Hospital Surgery Rotation at the PGY 5 level, the residents will also be expected to fulfill the Patient Care objectives for PGY 1, PGY 2, PGY 3 and PGY 4 residents.
2. Select and perform, with appropriate supervision, surgical procedures for the management of patients with surgical illness or injuries.
4. Make appropriate incisions to surgically manage patients with surgical illnesses and injuries including, but not limited to those of the:
 - a. head and neck
 - b. chest
 - c. abdomen

- d. vascular system
- e. genitourinary system
- 5. Perform, with appropriate supervision, minimally invasive surgical procedures for patients with surgical illnesses or injuries.
- 6. Attain appropriate hemostasis in both traditional and minimally invasive surgical procedures.
- 7. Utilize appropriate techniques for tissue handling and dissection in both traditional and minimally invasive surgical procedures.
- 8. Perform, with appropriate supervision, procedures for reconstruction after resective procedures including, but not limited to those of the:
 - a. gastrointestinal tract
 - b. genitourinary system
 - c. pancreatobiliary system
 - d. vascular system
- 9. With appropriate supervision, correctly close surgical incisions.
- 10. Properly use the operating room instruments and equipment at the Medical Center Hospital.
- 11. With appropriate supervision, provide effective leadership of the healthcare team, including, but not limited to:
 - a. leading by example
 - b. encouraging input from members of the healthcare team
 - c. educating members of the health care team
 - d. providing appropriate supervision of the activities of the healthcare team
 - e. effectively communicating with team members
 - f. accepting responsibility for the activities of the healthcare team

team Professionalism

- 1. Discuss ethical and legal principals in the management of patients with surgical illnesses and injuries.
- 2. Describe ethnic and cultural factors which should be considered in the management of patient's with surgical illnesses and injuries.
- 3. Describe evidence based options and controversies in the clinical management of patients with surgical illnesses and injuries with students and other members of the health care team.
- 4. Discuss evidence-based recommendations for the management of patients with surgical illnesses and injuries with students and other members of the health care team.
- 5. Provide care that is respectful of the diverse characteristics and cultures of their patients.
- 6. Consult other members of the health care team when confronted with unusual or complex situations.
- 7. Interact with all members of the health care team in a respectful manner at all times.
- 8. Adhere to all applicable standards of dress and demeanor

Interpersonal and Communication Skills

- 1. Effectively transfer appropriate information to patients with surgical illnesses and injuries and their families.
- 2. Effectively educate patients with surgical illnesses and injuries and their families regarding treatment options with the potential risks and benefits of the various options.
- 3. Effectively transfer clinically relevant information to all members of the healthcare team.
- 4. Appropriately communicate with physicians, nurses, and other members of the healthcare team in a respectful and professional manner.
- 5. Document the status of each assigned patient in the medical record daily and after

each major change in the patient's clinical status in a timely manner.

Page 50 of 173

6. Participate in multidisciplinary discussions in the care of patients with surgical illnesses and injuries.
7. Encourage all members of the healthcare team to participate in the treatment plans for patients with surgical illnesses and injuries.
8. Consult other members of the health care team when confronted with an unusual or complex situation.

Practice Based Learning

1. Critically evaluate the outcomes of each patient to identify opportunities for improvement in the quality of the care provided to the surgical patient.
2. Describe how outcomes data can be used to develop new policies and procedures to improve the outcomes of patients with surgical illnesses and injuries.
3. Describe how the retrospective evaluation of the outcomes of specific groups of patients can be used to evaluate the current policies regarding the care of patients with surgical illnesses or injuries.
4. Maintain a personal portfolio of experience with patients with surgical illnesses and injuries including outcomes and critical evaluation of unexpected or adverse events.

Systems Based Practice

1. Document in accordance with service and hospital policy:
 - a. History and physical examination
 - b. progress notes
 - c. transfer and discharge summaries
 - d. procedure notes
2. Describe systems based elements which have been shown to improve outcomes in patients with surgical illnesses and injuries.
3. Identify the systems based elements available at a tertiary care hospital and describe which patients with surgical illnesses and injuries require these elements.
4. Describe patient factors in patients with surgical illnesses or injuries which might indicate a need for referral to another facility.
5. Assess the availability of other components of the healthcare team in the overall management of patients with surgical illnesses and injuries including, but not limited to:
 - a. Physical therapy
 - b. Occupational therapy
 - c. Psychological counseling
 - d. Recreational therapy
 - e. Nursing
6. Summarize the activities of other available members of the healthcare team in the overall management of patients with surgical illnesses and injuries to include the following:
 - a. Physical therapy
 - b. Occupational therapy
 - c. Psychological counseling
 - d. Recreational therapy
 - e. Nursing
7. Utilize system resources effectively to provide appropriate post discharge care.
8. Obtain informed consent in accordance with service and hospital policy from the patient or other designated person prior to performing any invasive procedure
9. Perform and document a "timeout" in accordance with service and hospital policy before all invasive procedures
10. Time and date all medical record entries in accordance with hospital and service policy.
11. Describe and strictly comply with all Residency Review Committee (RRC), State of Texas and Texas Tech University Health Sciences Center requirements including, but not

limited to: a. duty hours
b. identification of resident
fatigue c. educational
requirements
d. physician impairment

Page 51 of 173

- e. sexual misconduct
- f. unprofessional behavior
- 12. Create duty schedules which comply with all Residency Review Committee (RRC), State of Texas and Texas Tech University Health Sciences Center requirements including, but not limited to:
 - a. duty hours
 - b. vacation
 - time c.
 - medical leave
 - d. educational activities

**Texas Tech University Health Sciences Center Permian
Basin Rural Surgery Rotation
Scenic Mountain Medical Center, Big Spring**

TX Goals

1. Demonstrate an understanding of the pathophysiologic effect of surgical illness and injury.
2. Demonstrate the ability to effectively manage the care of a patient with surgical illness or injuries in the rural setting.
3. Demonstrate the knowledge and ability to manage a variety of healthcare services for patients with surgical illnesses or injuries in the rural setting.
4. Develop the knowledge and skills necessary to independently care for patients with surgical illnesses or injuries in the rural setting.

Objective

s PGY 4

Medical Knowledge

1. Discuss the anatomy and physiology of the abdominal wall, stomach, small intestine, colon, hepatobiliary system, pancreas, vascular system, integument, breast, and endocrine system in adult and geriatric patients.
2. Discuss the pathophysiology and natural history of surgical illnesses and injuries of the abdominal wall, stomach, small intestine, colon, hepatobiliary system, pancreas, vascular system integument, breast, and endocrine system in adult and geriatric patients.
3. Discuss possible variations in the symptoms, signs and clinical findings suggestive of surgical illnesses and injuries of the abdominal wall, stomach, small intestine, colon, hepatobiliary system, pancreas, vascular system, integument, breast, and endocrine system diseases in adult and geriatric patients.
4. Discuss the various laboratory and radiology studies that can be obtained in the rural setting and used to evaluate surgical illnesses and injuries of the abdominal wall, stomach, small intestine, colon, hepatobiliary system, pancreas, vascular system, integument, breast, and endocrine system with an evidence based discussion of the limitations of each.
5. Discuss the general principles of the hormonal response to illnesses and injuries of the abdominal wall, stomach, small intestine, colon, hepatobiliary system, pancreas, vascular system, integument, breast, and endocrine system with the potential metabolic and physiologic consequences in adult and geriatric patients and options for the management of these changes with an evidence based discussion of the effectiveness and possible complications of each.
6. Describe the options in the rural setting for the management of comorbid conditions with evidence based discussion of the effectiveness and possible complications of each in adult and geriatric patients with surgical illnesses and injuries of the abdominal wall, stomach, small intestine, colon, hepatobiliary system, pancreas, vascular system, integument, breast, and endocrine system including but not limited to:
 - a. diabetes
 - b. pulmonary
 - diseases c. cardiac diseases
 - d. renal disease
 - e. coagulopathy
 - f. malnutrition
7. Discuss options in the management the abnormalities of fluid, electrolytes and coagulation that may be associated with illnesses and injuries of the abdominal wall, stomach, small intestine, colon, hepatobiliary system, pancreas, vascular system, integument, breast, and endocrine system with an evidence based discussion of the effectiveness and possible complications of each.
8. Identify the risk factors associated with morbidity and mortality in adult and geriatric patients with illnesses and injuries of the abdominal wall, stomach, small intestine, colon,

- hepatobiliary system, pancreas, vascular system, integument, breast, and endocrine system and methods to manage these factors.
9. Describe the symptoms, signs and physical findings suggestive of possible complications of illnesses and injuries of the abdominal wall, stomach, small intestine, colon, hepatobiliary system, pancreas, vascular system, integument, breast, and endocrine system.
 10. Discuss the options for deep venous thrombosis prophylaxis, antibiotics and cardiac risk prophylaxis with an evidence based discussion of the effectiveness and possible complications of each for patients with illnesses of the abdominal wall, stomach, small intestine, colon, hepatobiliary system, pancreas, vascular system, integument, breast, and endocrine system.
 11. Discuss the availability and composition of the various blood products available in the rural setting and options in the use of blood and blood products with an evidence based discussion of the effectiveness and possible complications of each.
 12. Discuss options in the rural setting for the management of pain in the patient with an illness or injury of the abdominal wall, stomach, small intestine, colon, hepatobiliary system, pancreas, vascular system, integument, breast, and endocrine system with an evidence based discussion of the effectiveness and possible complications of each.
 13. Describe options in the rural setting for the surgical management of illnesses and injuries of the abdominal wall, stomach, small intestine, colon, hepatobiliary system, pancreas, vascular system, integument, breast, and endocrine system.
 14. Discuss the indications for and the possible complications of diagnostic and therapeutic rigid and flexible endoscopic procedures on patients with illness or injury of the abdominal wall, stomach, small intestine, colon, hepatobiliary system, pancreas, integument, breast, and endocrine system including, but not limited to:
 - a. laryngotracheoscopy
 - b. esophagogastroduodenoscopy
 - c. proctosigmoidoscopy
 - d. colonoscopy
 15. Discuss postoperative followup and rehabilitation for patients with surgical illnesses and injuries of the abdominal wall, stomach, small intestine, colon, hepatobiliary system, pancreas, vascular system, integument, breast, and endocrine system including, but not limited to:
 - a. wound care
 - b. dietary restrictions
 - c. drain care
 - d. stoma care
 - e. clinic visits
 - f. pain management
 - g. counseling
 - h. maintenance of health
 - i. further evaluation and treatments
 16. Describe options for the non-operative and operative management in the rural setting of illnesses and injuries of the abdominal wall, stomach, small intestine, colon, hepatobiliary system, pancreas, vascular system, integument, breast, and endocrine system with evidence based discussion of the effectiveness and possible complications and long term consequences of each.
 17. Describe the technical aspects of the various surgical procedures which can be used to manage patients with surgical illness or injuries of the abdominal wall, stomach, small intestine, colon, hepatobiliary system, pancreas, vascular system, integument, breast, and endocrine system with attention to the anatomy and potential damage to adjacent structures.
 18. Describe the possible physiologic consequences of the various surgical procedures for the management of illness or injury of the abdominal wall, stomach, small intestine, colon, hepatobiliary system, pancreas, vascular system, integument, breast, and endocrine system with an evidence based discussion of the incidence of these problems and methods to prevent them.
 19. Discuss the risks, potential benefits and possible complications of the surgical procedures which are appropriate in the rural setting and can be used to manage

illnesses and injuries of

Page 54 of 173

- the abdominal wall, stomach, small intestine, colon, hepatobiliary system, pancreas, vascular system, integument, breast, and endocrine system.

1. Using evidence based reviews of the literature, provide appropriate evaluation, treatment and monitoring of patients with illnesses and injuries of the abdominal wall, stomach, small intestine, colon, hepatobiliary system, pancreas, vascular system, integument, breast, and endocrine system.
2. Administer appropriate fluids in patients with illnesses and injuries of the abdominal wall, stomach, small intestine, colon, hepatobiliary system, pancreas, vascular system, integument, breast, and endocrine system during the pre and post operative period.
3. Select and apply appropriate dressings and antibacterials.
4. Using evidence based reviews of the literature, appropriately manage in the rural setting the systemic effects of illness or injury of the abdominal wall, stomach, small intestine, colon, hepatobiliary system, pancreas, vascular system, integument, breast, and endocrine system, including but not limited to

5. Appropriately use blood and blood products available in the rural setting in patients with illnesses and injuries of the abdominal wall, stomach, small intestine, colon, hepatobiliary system, pancreas, vascular system, integument, breast, and endocrine system.
7. Provide appropriate wound care including, but not limited to:
 - a. surgical and enzymatic debridement of infected and necrotic tissues
 - b. vacuum assisted wound closure
8. Provide acceptable management of pain.
9. Perform an accurate problem specific physical examination on each patient daily and document the results.
10. Maintain a current problem list on each patient on the service with therapeutic plans.
11. Promptly evaluate and report to appropriate members of the health care team all unexpected or adverse events.
12. In the rural setting satisfactorily perform diagnostic and therapeutic flexible laryngotracheoscopy, esophagogastroduodenoscopy, colonoscopy and flexible proctosigmoidoscopy on patients with illness or injury of the abdominal wall, stomach, small intestine, colon, hepatobiliary system, pancreas, integument, breast, and endocrine system.
13. Coordinate postoperative follow up and rehabilitation for patients in the rural setting with illnesses and injuries of the abdominal wall, stomach, small intestine, colon, hepatobiliary system, pancreas, vascular system, integument, breast, and endocrine system including, but not limited to:
 - a. wound care
 - b. dietary restrictions
 - c. drain care
 - d. stoma care
 - e. clinic visits
 - f. reconditioning
 - g. pain management
 - h. counseling
 - i. maintenance of health
 - j. further evaluation and treatments
14. Select and perform in the rural setting, with appropriate supervision, surgical procedures for the management of patients with illness or injuries of the abdominal wall, stomach, small intestine, colon, hepatobiliary system, pancreas, vascular system, integument, breast, and endocrine system.
16. Make appropriate incisions to surgically manage patients with illnesses and injuries of the abdominal wall, stomach, small intestine, colon, hepatobiliary system, pancreas, vascular system, integument, breast, and endocrine system.
17. Perform in the rural setting, with appropriate supervision, minimally invasive surgical procedures for patients with illnesses or injuries of the abdominal wall, stomach, small intestine, colon, hepatobiliary system, pancreas, vascular system, integument, breast, and endocrine system.
18. Attain appropriate hemostasis in both traditional and minimally invasive surgical procedures.
19. Utilize appropriate techniques for tissue handling and dissection in both traditional and minimally invasive surgical procedures.
20. Perform in the rural setting, with appropriate supervision, procedures for reconstruction after resective procedures of the abdominal wall, stomach, small intestine, colon, hepatobiliary system, pancreas, vascular system, integument, breast, and endocrine system.
21. With appropriate supervision, appropriately close surgical incisions.
22. Properly use the operating room instruments and equipment at the Scenic Mountain Medical Center.

Professionalism

1. Discuss ethical and legal principals in the management of patients with illnesses and injuries of the abdominal wall, stomach, small intestine, colon, hepatobiliary system, pancreas, vascular system, integument, breast, and endocrine system.
2. Describe ethnic and cultural factors which should be considered in the management of patient's with surgical illnesses and injuries of the abdominal wall, stomach, small

intestine,

- colon, hepatobiliary system, pancreas, vascular system, integument, breast, and endocrine system.
3. Describe evidence based options and controversies in the clinical management of patients with surgical illnesses and injuries of the abdominal wall, stomach, small intestine, colon, hepatobiliary system, pancreas, vascular system, integument, breast, and endocrine system with students and other members of the health care team.
 4. Discuss evidence-based recommendations for the management of patients with illness or injury of the abdominal wall, stomach, small intestine, colon, hepatobiliary system, pancreas, vascular system, integument, breast, and endocrine system with students and other members of the health care team.
 5. Provide care that is respectful of the diverse characteristics and cultures of patients.
 6. Consult other members of the health care team when confronted with unusual or complex situations.
 7. Interact with all members of the health care team in a respectful manner at all times.
 8. Adhere to all applicable standards of dress and demeanor

Interpersonal and Communication Skills

1. Effectively transfer appropriate information to patients with surgical illness or injury of the abdominal wall, stomach, small intestine, colon, hepatobiliary system, pancreas, vascular system, integument, breast, and endocrine system and their families.
2. Effectively educate patients with surgical illness or injury of the abdominal wall, stomach, small intestine, colon, hepatobiliary system, pancreas, vascular system, integument, breast, and endocrine system and their families regarding treatment options with the potential risks and benefits of the various options.
3. Effectively transfer clinically relevant information to all members of the healthcare team.
4. Appropriately communicate with physicians, nurses, and other members of the healthcare team in a respectful and professional manner.
5. Document the status of each patient in their care in the medical record daily and after each major change in the patient's clinical status in a timely manner.
6. Participate in multidisciplinary discussions in the care of the surgical patient.
7. Encourage all members of the healthcare team to participate in the treatment plans for the surgical patient.
8. Consult other members of the health care team when confronted with an unusual or complex situation.

Practice Based Learning

1. Critically evaluate the outcomes of each patient managed in the rural setting to identify opportunities for improvement in the quality of the care provided to the patient.
2. Describe how outcomes data can be used to develop new policies and procedures to improve the outcomes of patients with illness or injury of the abdominal wall, stomach, small intestine, colon, hepatobiliary system, pancreas, vascular system, integument, breast, and endocrine system managed in the rural setting.
3. Describe how the retrospective evaluation of the outcomes of specific groups of patients can be used to evaluate the current policies regarding the care of patients with illnesses or injuries of the abdominal wall, stomach, small intestine, colon, hepatobiliary system, pancreas, vascular system, integument, breast, and endocrine system.
4. Maintain a personal portfolio of surgical experience in the rural setting with outcomes and critical evaluation of unexpected or adverse events.

Systems Based Practice

1. Document in accordance with service and hospital policy:
 - a. History and physical examination
 - b. progress notes
 - c. transfer and discharge summaries
 - d. procedure notes
2. Identify the systems based elements available at a rural, community based, primary care hospital and describe which patients with illness or injury of the abdominal wall, stomach, small intestine, colon, hepatobiliary system, pancreas, integument, breast, and endocrine system can be appropriately managed in this setting.
3. Describe patient factors in patients with surgical illnesses or injuries of the abdominal wall, stomach, small intestine, colon, hepatobiliary system, pancreas, integument, breast, and endocrine system which might indicate a need for referral to a tertiary care facility.
3. Assess the availability of other components of the healthcare team in the rural setting in the overall management of the patient with illness or injury of the abdominal wall, stomach, small intestine, colon, hepatobiliary system, pancreas, vascular system, integument, breast, and endocrine system including, but not limited to:
 - a. Physical therapy
 - b. Occupational therapy
 - c. Psychological counseling
 - d. Recreational therapy
 - e. Nursing
4. Utilize available system resources effectively to provide appropriate post discharge care.
5. Obtain informed consent in accordance with service and hospital policy from the patient or other designated person prior to performing any invasive procedure
6. Perform and document a "timeout" in accordance with service and hospital policy before all invasive procedures
7. Time and date all medical record entries in accordance with hospital and service policy.
8. Describe and strictly comply with all Residency Review Committee (RRC), State of Texas and Texas Tech University Health Sciences Center requirements including, but not limited to:
 - a. duty hours
 - b. identification of resident fatigue
 - c. educational requirements
 - d. physician impairment
 - e. sexual misconduct
 - f. unprofessional behavior

**Texas Tech University Health Sciences Center Permian
Basin Neurosurgery Rotation**

Goals

1. Demonstrate an understanding of the pathophysiologic effect of illness and injury of the peripheral and central nervous system.
2. Demonstrate the ability to effectively manage the care of the patient with illness or injuries of the peripheral and central nervous system.
3. Demonstrate the knowledge and ability to manage a variety of healthcare services for patients with surgical illnesses or injuries of the peripheral and central nervous system.

Objectives

s PGY 1

Medical Knowledge

1. Discuss the anatomy and physiology of the peripheral and central nervous system in adult and pediatric patients.
2. Discuss the pathophysiology and natural history of surgical illnesses and injuries of the peripheral and central nervous system in adult and pediatric patients.
3. Discuss the symptoms, signs and clinical findings suggestive of surgical illnesses and injuries of the peripheral and central nervous system in adult and pediatric patients.
4. Discuss the various laboratory and radiology studies that can be used to evaluate surgical illnesses and injuries of the peripheral and central nervous system in adult and pediatric patients with an evidence based discussion of the limitations of each.
5. Discuss the general principles of the physiologic response to surgical illnesses and injuries of the peripheral and central nervous system with the potential consequences in adult and pediatric patients including options for the management of these changes with an evidence based discussion of the effectiveness and possible complications of each.
6. Describe the options for the management of comorbid conditions with evidence based discussion of the effectiveness and possible complications of each in adult and pediatric patients with surgical illness or injury of the peripheral and central nervous system including, but not limited to:
 - a. diabetes
 - b. pulmonary diseases
 - c. cardiac diseases
 - d. renal disease
 - e. coagulopathy
 - f. malnutrition
7. Discuss options in the management the abnormalities of fluid, electrolytes and coagulation that may be associated with surgical illnesses and injuries of the peripheral and central nervous system in the adult and pediatric patient with an evidence based discussion of the effectiveness and possible complications of each.
8. Identify the risk factors associated with morbidity and mortality in patients with surgical illnesses and injuries of the peripheral and central nervous system and methods to manage these factors.
9. Describe the symptoms, signs and physical findings suggestive of possible complications of surgical illnesses and injuries of the peripheral and central nervous system.
10. Discuss the options for deep venous thrombosis prophylaxis, antibiotics and cardiac risk prophylaxis with an evidence based discussion of the effectiveness and possible complications of each for patients with surgical illness or injury of the peripheral and central nervous system.
11. Discuss the composition of the various blood products and options in the use of blood and blood products with an evidence based discussion of the effectiveness and possible complications of each.

12. Discuss options for the management of pain in the patient with surgical illness or injury of the peripheral and central nervous system with an evidence based discussion of the effectiveness and possible complications of each.
13. Describe options for the surgical management of patients with surgical illness or injury of the peripheral and central nervous system.
14. Discuss postoperative follow up and rehabilitation for patients with surgical illnesses and injuries of the peripheral and central nervous system.

Patient Care

1. Using an evidence based review of the literature, provide appropriate evaluation, treatment and monitoring of patients with surgical illnesses and injuries of the peripheral and central nervous system.
2. Administer appropriate fluids in patients with surgical illness or injury of the peripheral and central nervous system during the pre and post operative period.
3. Select and apply appropriate dressings and antibacterials.
4. Using an evidence based review of the literature, appropriately manage the systemic effects of surgical illness or injury of the peripheral and central nervous system.
5. Appropriately use blood and blood products in patients with surgical illnesses and injuries of the peripheral and central nervous system.
6. Provide acceptable management of pain.
8. Perform an accurate problem specific physical examination on each assigned patient daily and document the results.
9. Maintain a current problem list on each patient on the service with therapeutic plans.
10. Promptly evaluate and report to appropriate members of the health care team all unexpected or adverse events.
11. Coordinate postoperative follow up and rehabilitation for patients with illnesses and injuries of the peripheral and central nervous system.

Professionalism

9. Discuss ethical and legal principals in the management of patients with surgical illnesses and injuries of the peripheral and central nervous system.
10. Describe ethnic and cultural factors which should be considered in the management of patient's with surgical illnesses and injuries of the peripheral and central nervous system.
11. Describe evidence based options and controversies in the clinical management of patients with surgical illnesses and injuries of the peripheral and central nervous system with students and other members of the health care team.
12. Discuss evidence-based recommendations for the management of patients with surgical illness or injury of the peripheral and central nervous system with students and other members of the health care team.
13. Provide care that is respectful of the diverse characteristics and cultures of the patients.
14. Consult other members of the health care team when confronted with unusual or complex situations.
15. Interact with all members of the health care team in a respectful manner at all times.
16. Adhere to all applicable standards of dress and demeanor

Interpersonal and Communication Skills

1. Effectively transfer appropriate information to patients with surgical illness or injury of the peripheral and central nervous system and their families.

2. Effectively educate patients with surgical illness or injury of the peripheral and central nervous system and their families regarding treatment options with the potential risks and benefits of the various options.
3. Effectively transfer clinically relevant information to all members of the healthcare team.
4. Appropriately communicate with physicians, nurses, and other members of the healthcare team in a respectful and professional manner.
5. Document the status of each assigned patient in the medical record daily and after each major change in the patient's clinical status in a timely manner.
6. Participate in multidisciplinary discussions in the care of the patient with illness or injury of the peripheral and central nervous system.
7. Encourage all members of the healthcare team to participate in the treatment plans for the patient with surgical illness or injury of the peripheral and central nervous system.
8. Consult other members of the health care team when confronted with an unusual or complex situation.

Practice Based Learning

1. Critically evaluate the outcomes of each patient in their care to identify opportunities for improvement in the quality of the care provided to patients with surgical illness or injury of the peripheral and central nervous system.
2. Describe how outcomes data can be used to develop new policies and procedures to improve the outcomes of patients with surgical illness or injury of the peripheral and central nervous system.
3. Describe how the retrospective evaluation of the outcomes of specific groups of patients can be used to evaluate the current policies regarding the care of patients with surgical illness or injury of the peripheral and central nervous system.
4. Maintain a personal portfolio of neurosurgical experience with outcomes and critical evaluation of unexpected or adverse events.

Systems Based Practice

1. Document in accordance with service and hospital policy:
 - a. History and physical examination
 - b. progress notes
 - c. transfer and discharge summaries
 - d. procedure notes
2. Describe systems based elements which have been shown to improve outcomes in patients with surgical illness or injury of the peripheral and central nervous system.
3. Identify the systems based elements available at a tertiary care hospital and describe which patients with surgical illness or injury of the peripheral and central nervous system can be appropriately managed in this setting.
4. Describe patient factors in patients with surgical illnesses or injuries of the peripheral and central nervous system which might indicate a need for referral to another facility.
5. Assess the availability of other components of the healthcare team in the overall management of the neurosurgical patient including, but not limited to:
 - a. Physical therapy
 - b. Occupational therapy
 - c. Psychological counseling
 - d. Recreational therapy
 - e. Nursing

6. Summarize the activities of other available members of the healthcare team in the overall management of neurosurgical patients to include the following:

Page 61 of 173

- a. Physical therapy
 - b. Occupational therapy
 - c. Psychological counseling
 - d. Recreational therapy
 - e. Nursing
7. Utilize system resources effectively to provide appropriate post discharge care.
 8. Obtain informed consent in accordance with service and hospital policy from the patient or other designated person prior to performing any invasive procedure
 9. Perform and document a "timeout" in accordance with service and hospital policy before all invasive procedures
 10. Time and date all medical record entries in accordance with hospital and service policy.
 11. Describe and strictly comply with all Residency Review Committee (RRC), State of Texas and Texas Tech University Health Sciences Center requirements including, but not limited to:
 - a. duty hours
 - b. identification of resident fatigue
 - c. educational requirements
 - d. physician impairment
 - e. sexual misconduct
 - f. unprofessional behavior

**Orthopedic Surgery Rotation
Texas Tech University Health Science Center Permian
Basin Medical Center Hospital, Odessa TX**

Goals

1. Demonstrate an understanding of the pathophysiologic effect of illness and injuries of the hands, bones, tendons, ligaments and joints.
2. Demonstrate the ability to effectively manage the care of a patient with illness or injuries of the hands, bones, tendons, ligaments and joints.
3. Develop the knowledge and skills necessary to independently care for patients with illnesses or injuries of the hands, bones, tendons, ligaments and joints.

Objectives

PGY 1

Medical Knowledge

1. Discuss the anatomy and physiology of the hands, bones, tendons, ligaments and joints in adult and geriatric patients.
2. Discuss the pathophysiology and natural history of illnesses and injuries of the hands, bones, tendons, ligaments and joints in adult and geriatric patients.
3. Discuss possible variations in the symptoms, signs and clinical findings suggestive of illnesses and injuries of the hands, bones, tendons, ligaments and joints in adult and geriatric patients.
4. Discuss the various laboratory and radiology studies that can be used to evaluate illnesses and injuries of the hands, bones, tendons, ligaments and joints in adult and geriatric patients with an evidence based discussion of the limitations of each.
5. Discuss the general principles of the hormonal response to illnesses and injuries the hands, bones, tendons, ligaments and joints with the potential metabolic and physiologic consequences in adult and geriatric patients and options for the management of these changes with an evidence based discussion of the effectiveness and possible complications of each.
6. Describe the options for the management of comorbid conditions with evidence based discussion of the effectiveness and possible complications of each in adult and geriatric patients with illnesses and injuries of the hands, bones, tendons, ligaments and joints including but not limited to:
 - a. diabetes
 - b. pulmonary diseases
 - c. cardiac diseases
 - d. renal disease
 - e. coagulopathy
 - f. malnutrition
 - g. immunosuppression
7. Discuss options in the management of the abnormalities of fluid, electrolytes and coagulation that may be associated with illnesses and injuries of the hands, bones, tendons, ligaments and joints with an evidence based discussion of the effectiveness and possible complications of each.
8. Identify the risk factors associated with morbidity and mortality in adult and geriatric patients with illnesses and injuries of the hands, bones, tendons, ligaments and joints and methods to manage these factors.
9. Describe the symptoms, signs and physical findings suggestive of possible complications of illnesses and injuries of the hands, bones, tendons, ligaments and joints.
10. Discuss the options for deep venous thrombosis prophylaxis, antibiotics and cardiac risk prophylaxis with an evidence based discussion of the effectiveness and possible complications of each for patients with illnesses or injuries of the hands, bones, tendons, ligaments and joints.

11. Discuss the composition of the various blood products and options in the use of blood and blood products with an evidence based discussion of the effectiveness and possible complications of each.
12. Describe options for the management of pain in the patient with illnesses and injuries of the hands, bones, tendons, ligaments and joints with an evidence based discussion of the effectiveness and possible complications of each.
13. Describe options for the surgical management of illnesses and injuries of the hands, bones, tendons, ligaments and joints.
14. Discuss the indications for and the possible complications of diagnostic and therapeutic rigid and flexible endoscopic procedures (arthroscopy) in patients with illnesses or injuries of the hands, bones, tendons, ligaments and joints including, but not limited to:
15. Discuss postoperative follow up and rehabilitation for patients with illnesses and injuries of the hands, bones, tendons, ligaments and joints including, but not limited to:
 - a. wound care
 - b. range of motion
 - b. drain care
 - c. maintenance of health
 - d. reconditioning
 - e. clinic visits
 - f. pain management
 - g. further evaluation
 - h. counseling.
 - and treatments
16. Describe options for the non-operative and operative management of illnesses and injuries of the hands, bones, tendons, ligaments and joints with an evidence based discussion of the effectiveness and possible complications of each and long term consequences of each.
17. Describe the technical aspects of the various surgical procedures which can be used to manage patients with surgical illnesses or injuries of the hands, bones, tendons, ligaments and joints with attention to the anatomy and potential damage to adjacent structures.
18. Describe the possible physiologic consequences of the various surgical procedures for the management of illness or injury of the hands, bones, tendons, ligaments and joints with an evidence based discussion of the incidence of these problems and methods to prevent them.
19. Discuss the risks, potential benefits and possible complications of the surgical procedures which can be used to manage illnesses and injuries of the hands, bones, tendons, ligaments and joints.
20. Describe the long term consequences of the various surgical options which can be used for the management of patients with illnesses or injuries of the hands, bones, tendons, ligaments and joints.
21. Describe the various incisions that can be utilized to surgically manage illnesses and injuries of the hands, bones, tendons, ligaments and joints.
22. Discuss the concept of minimally invasive surgery including, but not limited to:
 - a. physiologic consequences
 - d. advantages
 - b. immunological effects
 - e. costs
 - c. indications
23. Describe the technical aspects of the various minimally invasive surgical procedures which can be used to manage patients with illnesses or injuries of the hands, bones, tendons, ligaments and joints
24. Describe techniques for hemostasis in both traditional and minimally invasive surgical procedures with the effectiveness, limitations and cost of each.
25. Describe techniques of tissue handling and dissection in both traditional and minimally invasive surgical procedures.
26. Describe the various options for reconstruction, with an evidence based discussion of the potential complications and physiologic consequences of each, after resective procedures of the hands, bones, tendons, ligaments and joints.
27. Describe the technical aspects of the various options for reconstruction after

resective procedures of the hands, bones, tendons, ligaments and joints, including, but not limited to: a. permanent or absorbable suture

Page 64 of 173

- b. use of prosthetic materials
- 28. Describe the technical aspects of closure of the surgical incision including, but not limited to:
 - a. permanent or absorbable suture
 - b. monofilament or braided suture
 - c. use of prosthetic materials
- 29. Describe the name and proper use of operating room instruments and equipment used in the care of patients with illnesses and injuries of the hands, bones, tendons, ligaments and joints, at the Medical Center Hospital and Midland Memorial Hospital
- 30. Describe the skills needed to be an effective leader of the health care team including, but not limited to:
 - a. how to be an effective leader of the healthcare team
 - b. methods to encourage input from members of the healthcare team
 - c. activities to educate members of the health care team
 - d. techniques to effectively communication with team members

Patient Care

- 1. Using an evidence based review of the literature, provide appropriate evaluation, treatment and monitoring of patients with illnesses and injuries of the hands, bones, tendons, ligaments and joints.
- 2. Administer appropriate fluids in patients with surgical illnesses or injuries of the hands, bones, tendons, ligaments and joints managed surgically during the pre and post operative period.
- 3. Select and apply appropriate dressings and antibacterials.
- 4. Using an evidence based review of the literature, appropriately manage the systemic effects of illness or injury of the hands, bones, tendons, ligaments and joints including but not limited to
 - a. Gastrointestinal problems
 - b. Immunologic problems
 - c. Cardio-respiratory problems
 - d. Nutritional problems
- 5. Appropriately use blood and blood products in patients with illnesses and injuries of the hands, bones, tendons, ligaments and joints
- 6. Provide appropriate wound care including, but not limited to:
 - a. surgical and enzymatic debridement of infected and necrotic tissues
 - b. vacuum assisted wound closure
- 7. Provide acceptable management of pain.
- 8. Perform an accurate problem specific physical examination on each patient daily and document the results.
- 9. Maintain a current problem list on each patient on the service with therapeutic plans.
- 10. Promptly evaluate and report to appropriate members of the health care team all unexpected or adverse events.
- 11. Satisfactorily perform diagnostic endoscopy on patients with illnesses or injuries of the hands, bones, tendons, ligaments and joints.
- 12. Coordinate postoperative follow up and rehabilitation for patients with illnesses and injuries of the hands, bones, tendons, ligaments and joints including, but not limited to:

a. wound care	b. dietary	
restrictions	b. drain care	c.
	range of motion	
d. reconditioning	e. clinic visits	
f. pain management	g.	
counseling	h. maintenance of	
health		
i. further evaluation and treatments		

13. Select and perform, with appropriate supervision, surgical procedures for the management of patients with surgical illness or injuries of the hands, bones, tendons, ligaments and joints.
14. Make appropriate incisions to surgically manage patients with illnesses and injuries of the hands, bones, tendons, ligaments and joints.
15. Perform, with appropriate supervision, minimally invasive surgical procedures for patients with illnesses or injuries of the hands, bones, tendons, ligaments and joints.
16. Attain appropriate hemostasis in both traditional and minimally invasive surgical procedures.
17. Utilize appropriate techniques for tissue handling and dissection in both traditional and minimally invasive surgical procedures.
18. Perform, with appropriate supervision, procedures for reconstruction after resective procedures of the hands, bones, tendons, ligaments and joints.
19. With appropriate supervision, appropriately close surgical incisions.
20. Properly use the operating room instruments and equipment at the Medical Center and Midland Memorial Hospitals.
21. Provide effective leadership, with appropriate supervision, including, but not limited to:
 - a. leading by example
 - b. encouraging input from members of the healthcare team
 - c. educating members of the health care team
 - d. providing appropriate supervision of the activities of the healthcare team
 - e. effectively communicating with team members
 - f. accepting responsibility for the activities of the healthcare team

team Professionalism

17. Discuss ethical and legal principals in the management of patients with illnesses and injuries of the hands, bones, tendons, ligaments and joints
18. Describe ethnic and cultural factors which should be considered in the management of patient's with illnesses and injuries of the hands, bones, tendons, ligaments and joints.
19. Describe evidence based options and controversies in the clinical management of patients with illnesses and injuries of the hands, bones, tendons, ligaments and joints with students and other members of the health care team.
20. Discuss evidence-based recommendations for the management of patients with illnesses or injuries of the hands, bones, tendons, ligaments and joints with students and other members of the health care team.
21. Provide care that is respectful of the diverse characteristics and cultures of patients.
22. Consult other members of the health care team when confronted with unusual or complex situations.
23. Interact with all members of the health care team in a respectful manner at all times.
24. Adhere to all applicable standards of dress and demeanor

Interpersonal and Communication Skills

9. Effectively transfer appropriate information to patients with surgical illnesses or injuries of the hands, bones, tendons, ligaments and joints and their families.
10. Effectively educate patients with illnesses and injuries of the hands, bones, tendons, ligaments and joints and their families regarding treatment options with the potential risks and benefits of the various options.
11. Effectively transfer clinically relevant information to all members of the healthcare team.
12. Appropriately communicate with physicians, nurses, and other members of the healthcare team in

a respectful and professional manner.

13. Document the status of each assigned patient in the medical record daily and after each major change in the patient's clinical status in a timely manner.
14. Participate in multidisciplinary discussions in the care of the surgical patient.
15. Encourage all members of the healthcare team to participate in the treatment plans for the surgical patient.
16. Consult other members of the health care team when confronted with an unusual or complex situation.

Practice Based Learning

1. Critically evaluate the outcomes of each patient to identify opportunities for improvement in the quality of the care provided to the patient.
2. Describe how outcomes data can be used to develop new policies and procedures to improve the outcomes of patients with surgical illnesses or injuries of the hands, bones, tendons, ligaments and joints.
3. Describe how the retrospective evaluation of the outcomes of specific groups of patients can be used to evaluate the current policies regarding the care of patients with illnesses or injuries of the hands, bones, tendons, ligaments and joints
4. Maintain a personal portfolio of surgical experience with patients with illnesses or injuries of the hands, bones, tendons, ligaments and joints including outcomes and critical evaluation of unexpected or adverse events.

Systems Based Practice

1. Document in accordance with service policy:
 - a. History and physical examination
 - b. progress notes
 - c. transfer and discharge summaries
 - d. procedure notes
2. Describe systems based elements which have been shown to improve outcomes in patients with illnesses or injuries of the hands, bones, tendons, ligaments and joints.
3. Identify the systems based elements available at a tertiary care hospital and describe which patients with illnesses or injuries of the hands, bones, tendons, ligaments and joints require these elements.
4. Describe patient factors in patients with surgical illnesses or injuries of the hands, bones, tendons, ligaments and joints which might indicate a need for referral to another facility.
5. Assess the availability of other components of the healthcare team in the overall management of the patient with illnesses or injuries of the hands, bones, tendons, ligaments and joints including, but not limited to:
 - a. Physical therapy
 - b. Occupational therapy
 - c. Psychological counseling
 - d. Recreational therapy
 - e. Nursing
6. Summarize the activities of other available members of the healthcare team in the overall management of patients with illnesses or injuries of the hands, bones, tendons, ligaments and joints to include the following:
 - a. Physical therapy
 - b. Occupational therapy
 - c. Psychological counseling
 - d. Recreational therapy
 - e. Nursing
7. Utilize system resources effectively to provide appropriate post discharge care.

8. Obtain informed consent in accordance with service and hospital policy from the patient or other designated person prior to performing any invasive procedure

Page 67 of 173

9. Perform and document a “timeout” in accordance with service and hospital policy before all invasive procedures
10. Time and date all medical record entries in accordance with hospital and service policy.
11. Describe and strictly comply with all Residency Review Committee (RRC), State of Texas and Texas Tech University Health Sciences Center Permian Basin requirements including, but not limited to:
 - a. duty hours
 - b. identification of resident fatigue
 - c. educational requirements
 - d. physician impairment
 - e. sexual misconduct
 - f. unprofessional behavior

**Texas Tech University Health Science Center
Lubbock University Medical Center Children's
Hospital Pediatric Surgery**

Goals

1. Demonstrate an understanding of the pathophysiologic effect of surgical illness and injury in pediatric patients.
2. Demonstrate the ability to effectively manage the care of the pediatric patient with surgical illness or injuries.
3. Demonstrate the knowledge and ability to manage a variety of healthcare services for pediatric patients with surgical illnesses or injuries.
4. Develop the knowledge and skills necessary to independently care for pediatric patients with surgical illnesses or injuries.

Objectives

s PGY 2

Medical Knowledge

1. Discuss the anatomy and physiology of the abdominal wall, stomach, small intestine, colon, hepatobiliary system, pancreas, vascular system, integument, breast, and endocrine system in pediatric patients.
2. Discuss the pathophysiology and natural history of illnesses and injuries of the abdominal wall, stomach, small intestine, colon, hepatobiliary system, pancreas, vascular system, integument, breast, and endocrine system in pediatric patients.
3. Discuss possible variations in the symptoms, signs and clinical findings suggestive of illnesses and injuries of the abdominal wall, stomach, small intestine, colon, hepatobiliary system, pancreas, vascular system, integument, breast, and endocrine system diseases in pediatric patients.
4. Discuss the various laboratory and radiology studies that can be used to evaluate illnesses and injuries of the abdominal wall, stomach, small intestine, colon, hepatobiliary system, pancreas, vascular system, integument, breast, and endocrine system in pediatric patients with an evidence based discussion of the limitations of each.
5. Discuss the general principles of the hormonal response to surgical illnesses and injuries with the potential metabolic and physiologic consequences in pediatric patients and options for the management of these changes with an evidence based discussion of the effectiveness and possible complications of each.
6. Describe the options for the management of comorbid conditions with evidence based discussion of the effectiveness and possible complications of each in pediatric patients with surgical illnesses and injuries including but not limited to:
 - a. diabetes
 - b. pulmonary
 - diseases c. cardiac diseases
 - d. renal disease
 - e. coagulopathy
 - f. malnutrition
 - g. immunosuppression
7. Discuss options in the management of the abnormalities of fluid, electrolytes and coagulation that may be associated with surgical illnesses and injuries in the pediatric patient with an evidence based discussion of the effectiveness and possible complications of each.
8. Identify the risk factors associated with morbidity and mortality in pediatric patients with surgical illnesses and injuries and methods to manage these factors.
9. Describe the symptoms, signs and physical findings suggestive of possible complications of surgical illnesses and injuries in pediatric patients.

10. Discuss the options for deep venous thrombosis prophylaxis, antibiotics and cardiac risk prophylaxis with an evidence based discussion of the effectiveness and possible complications of each for pediatric patients with surgical illnesses and injuries.
11. Discuss the composition of the various blood products and options in the use of blood and blood products with an evidence based discussion of the effectiveness and possible complications of each.
12. Discuss options for the management of pain in the pediatric patient with an evidence based discussion of the effectiveness and possible complications of each.
13. Describe options for the surgical management of surgical illnesses and injuries in pediatric patients.
14. Discuss the indications for and the possible complications of diagnostic and therapeutic rigid and flexible endoscopic procedures on pediatric patients with surgical illnesses and injuries including but not limited to:
 - a. laryngotracheoscopy b. esophagogastroduodenoscopy
 - c. proctosigmoidoscopy d. colonoscopy
15. Discuss postoperative follow up and rehabilitation for pediatric patients with surgical illnesses and injuries including, but not limited to:
 - a. wound care b. dietary restrictions
 - c. drain care d. stoma care
 - e. clinic visits f. reconditioning
 - g. pain management h. counseling
 - i. maintenance of health j. further evaluation and treatments

Patient Care

1. Using an evidence based review of the literature, provide appropriate evaluation, treatment and monitoring of pediatric patients with surgical illnesses and injuries.
2. Administer appropriate fluids in pediatric patients during the pre and post operative period.
3. Select and apply appropriate dressings and antibacterials.
4. Using an evidence based review of the literature, appropriately manage the systemic effects of surgical illness or injury in pediatric patients, including but not limited to
 - a. Gastrointestinal problems
 - b. Immunologic problems
 - c. Cardio-respiratory problems
 - d. Nutritional problems
5. Appropriately administer blood and blood products in pediatric patients with surgical illnesses and injuries.
6. Provide appropriate wound care for pediatric patients including, but not limited to:
 - a. surgical and enzymatic debridement of infected and necrotic tissues
 - b. vacuum assisted wound closure
7. Provide acceptable management of pain.
8. Perform an accurate problem specific physical examination on each assigned patient daily and document the results.
9. Maintain a current problem list on each patient on the service with therapeutic plans.
10. Promptly evaluate and report to appropriate members of the health care team all unexpected or adverse events.
11. Satisfactorily perform diagnostic and therapeutic flexible laryngotracheoscopy, esophagogastroduodenoscopy, colonoscopy and flexible proctosigmoidoscopy on pediatric patients with surgical illnesses or injuries.
13. Coordinate postoperative follow up and rehabilitation for pediatric patients with surgical illnesses and injuries including, but not limited to:

- a. wound care
- restrictions c.
- stoma care
- b. dietary
- drain care d.

Page 70 of 173

- e. reconditioning
- f. clinic visits
- g. pain management
- h. counseling
- i. maintenance of health
- i. further evaluation and treatments

Professionalism

25. Discuss ethical and legal principals in the management of pediatric patients with surgical illnesses and injuries.
26. Describe ethnic and cultural factors which should be considered in the management of pediatric patients with surgical illnesses and injuries.
27. Describe evidence based options and controversies in the clinical management of pediatric patients with surgical illnesses and injuries with students and other members of the health care team.
28. Discuss evidence-based recommendations for the management of pediatric patients with surgical illnesses and injuries with students and other members of the health care team.
29. Provide care that is respectful of the diverse characteristics and cultures of patients and their families.
30. Consult other members of the health care team when confronted with unusual or complex situations.
31. Interact with all members of the health care team in a respectful manner at all times.
32. Adhere to all applicable standards of dress and

demeanor Interpersonal and Communication Skills

17. Effectively transfer appropriate information to pediatric patients and their families.
18. Effectively educate pediatric patients and their families regarding treatment options with the potential risks and benefits of the various options.
19. Effectively transfer clinically relevant information to all members of the healthcare team.
20. Appropriately communicate with physicians, nurses, and other members of the healthcare team in a respectful and professional manner.
21. Document the status of each patient in their care in the medical record daily and after each major change in the patient's clinical status in a timely manner.
22. Participate in multidisciplinary discussions in the care of the pediatric patient.
23. Encourage all members of the healthcare team to participate in the treatment plans for the pediatric patient.
24. Consult other members of the health care team when confronted with an unusual or complex situation.

Practice Based Learning

1. Critically evaluate the outcomes of each patient to identify opportunities for improvement in the quality of the surgical care provided to the pediatric patient.
2. Describe how outcomes data can be used to develop new policies and procedures to improve the outcomes of pediatric patients.
3. Describe how the retrospective evaluation of the outcomes of specific groups of patients can be used to evaluate the current policies regarding the surgical care of pediatric patients.
4. Maintain a personal portfolio of pediatric surgical experience with outcomes and critical evaluation of unexpected or adverse events.

Systems Based Practice

1. Document in accordance with service and hospital policy:
 - a. History and physical examination
 - b. progress notes
 - c. transfer and discharge summaries
 - d. procedure notes
2. Describe systems based elements which have been shown to improve surgical outcomes in pediatric patients.
3. Identify the systems based elements available at a pediatric hospital and describe which pediatric patients can be appropriately managed in this setting.
4. Describe patient factors in pediatric patients with surgical illnesses or injuries which might indicate a need for referral to another facility.
5. Assess the availability of other components of the healthcare team in the overall management of the pediatric patient including, but not limited to:
 - a. Physical therapy
 - b. Occupational therapy
 - c. Psychological counseling
 - d. Recreational therapy
 - e. Nursing
6. Summarize the activities of other available members of the healthcare team in the overall management of pediatric patients to include the following:
 - a. Physical therapy
 - b. Occupational therapy
 - c. Psychological counseling
 - d. Recreational therapy
 - e. Nursing
7. Utilize system resources effectively to provide appropriate post discharge care.
8. Obtain informed consent in accordance with service and hospital policy from the appropriately designated person prior to performing any invasive procedure
9. Perform and document a "timeout" in accordance with service and hospital policy before all invasive procedures
10. Time and date all medical record entries in accordance with hospital and service policy.
11. Describe and strictly comply with all Residency Review Committee (RRC), State of Texas and Texas Tech University Health Sciences Center requirements including, but not limited to:
 - a. duty hours
 - b. identification of resident fatigue
 - c. educational requirements
 - d. physician impairment
 - e. sexual misconduct
 - f. unprofessional behavior

PGY 4

Medical Knowledge

1. As a prerequisite to beginning the Pediatric Surgery Rotation at the PGY 4 level, the residents will be expected to have attained the Knowledge objectives for PGY 2 residents.
2. Describe options for the non-operative and operative management of surgical illnesses and injuries in the pediatric patient with an evidence based discussion of the effectiveness and possible complications of each and long term consequences of each.
3. Describe the technical aspects of the various surgical procedures which can be used to manage pediatric patients with surgical illness or injuries with attention to the anatomy and potential damage to adjacent structures.
4. Describe the possible physiologic consequences of the various surgical

procedures for the management of surgical illness or injury in pediatric patients with an evidence based discussion of the incidence of these problems and methods to prevent them.

Page 72 of 173

5. Discuss the risks, potential benefits and possible complications of the surgical procedures which can be used to manage surgical illnesses and injuries in the pediatric patient.
6. Describe the long term consequences of the various surgical options which can be used for the management of pediatric patients with surgical illnesses or injuries.
6. Describe the various incisions that can be utilized to surgically manage illnesses and injuries in the pediatric patient including, but not limited to those of the:
 - a. head and neck
 - b. chest
 - c. abdomen
 - d. vascular system
 - e. genitourinary system
7. Discuss the concept of minimally invasive surgery including, but not limited to:
 - a. physiologic consequences
 - b. advantages
 - c. immunological effects
 - d. costs
 - e. indications
8. Describe the technical aspects of the various minimally invasive surgical procedures which can be used to manage pediatric patients with surgical illnesses or injuries.
9. Describe techniques for hemostasis in both traditional and minimally invasive surgical procedures with the effectiveness, limitations and cost of each.
10. Describe techniques of tissue handling and dissection in both traditional and minimally invasive surgical procedures.
11. Describe the various options for reconstruction, with an evidence based discussion of the potential complications and physiologic consequences of each, after resective procedures in the pediatric patient including, but not limited to those of the:
 - a. gastrointestinal tract
 - b. genitourinary
 - c. pancreatobiliary system
 - d. vascular system
12. Describe the technical aspects of the various options for reconstruction after resective procedures in the pediatric patient including, but not limited to:
 - a. hand sewn or mechanical anastomosis
 - b. permanent or absorbable suture
 - c. use of prosthetic materials
13. Describe the technical aspects of closure of the surgical incision including, but not limited to:
 - a. permanent or absorbable suture
 - b. monofilament or braided suture
 - c. use of prosthetic materials
14. Describe the name and proper use of operating room instruments and equipment used in the care of pediatric patients with surgical illnesses and injuries at the University Medical Center.
15. Describe the skills needed to be an effective leader of the health care team including, but not limited to:
 - a. how to be an effective leader of the healthcare team
 - b. methods to encourage input from members of the healthcare team
 - c. activities to educate members of the health care team
 - d. techniques to effectively communication with team

members **Patient Care**

1. As a perquisite to beginning the Pediatric Surgery Rotation at the PGY 4 level, the residents will also be expected to fulfill the Patient care objectives for PGY 2 residents.
2. Select and perform, with appropriate supervision, surgical procedures for the management of pediatric patients with surgical illness or injuries.
3. Make appropriate incisions to surgically manage pediatric patients with surgical

illnesses and injuries including, but not limited to those of the:

- a. head and
neck
- b. chest

Page 73 of 173

- c. abdomen
- d. vascular system
- e. genitourinary system
- 4. Perform, with appropriate supervision, minimally invasive surgical procedures for pediatric patients with surgical illnesses or injuries.
- 5. Attain appropriate hemostasis in both traditional and minimally invasive surgical procedures.
- 6. Utilize appropriate techniques for tissue handling and dissection in both traditional and minimally invasive surgical procedures.
- 7. Perform, with appropriate supervision, procedures for reconstruction after resective procedures in pediatric patients including, but not limited to those of the:
 - a. gastrointestinal tract
 - b. genitourinary
 - c. pancreatobiliary system
 - d. vascular system
- 8. With appropriate supervision, correctly close surgical incisions.
- 9. Properly use the operating room instruments and equipment at the University Medical Center.
- 11. Provide effective leadership, with appropriate supervision, including, but not limited to:
 - a. leading by example
 - b. encouraging input from members of the healthcare team
 - c. educating members of the health care team
 - d. providing appropriate supervision of the activities of the healthcare team
 - e. effectively communicating with team members
 - f. accepting responsibility for the activities of the healthcare team

team Professionalism

- 9. Discuss ethical and legal principals in the management of pediatric patients with surgical illnesses and injuries.
- 10. Describe ethnic and cultural factors which should be considered in the management of pediatric patients with surgical illnesses and injuries.
- 11. Describe evidence based options and controversies in the clinical management of pediatric patients with surgical illnesses and injuries with students and other members of the health care team.
- 12. Discuss evidence-based recommendations for the management of pediatric patients with surgical illnesses and injuries with students and other members of the health care team.
- 13. Provide care that is respectful of the diverse characteristics and cultures of pediatric patients and their families.
- 14. Consult other members of the health care team when confronted with unusual or complex situations.
- 15. Interact with all members of the health care team in a respectful manner at all times.
- 16. Adhere to all applicable standards of dress and demeanor

Interpersonal and Communication Skills

- 9. Effectively transfer appropriate information to pediatric surgical patients with and their families.
- 10. Effectively educate pediatric surgical patients and their families regarding treatment options with the potential risks and benefits of the various options.
- 11. Effectively transfer clinically relevant information to all members of the healthcare team.
- 12. Appropriately communicate with physicians, nurses, and other members of the healthcare team in a respectful and professional manner.
- 13. Document the status of each assigned patient in the medical record daily and after each

major

Page 74 of 173

change in the patient's clinical status in a timely manner.

14. Participate in multidisciplinary discussions in the care of the pediatric surgical patient.
15. Encourage all members of the healthcare team to participate in the treatment plans for the pediatric surgical patient.

16. Consult other members of the health care team when confronted with an unusual or complex situation.

Practice Based Learning

1. Critically evaluate the outcomes of each pediatric patient in their care to identify opportunities for improvement in the quality of the surgical care provided to the patient.
2. Describe how outcomes data can be used to develop new policies and procedures to improve the surgical outcomes of pediatric patients.
3. Describe how the retrospective evaluation of the outcomes of specific groups of patients can be used to evaluate the current policies regarding the surgical care of pediatric patients.
4. Maintain a personal portfolio of pediatric surgical experience with outcomes and critical evaluation of unexpected or adverse events.

Systems Based Practice

1. Document in accordance with service and hospital policy:
 - a. History and physical examination
 - b. progress notes
 - c. transfer and discharge summaries
 - d. procedure notes
2. Describe systems based elements which have been shown to improve surgical outcomes in pediatric patients.
3. Identify the systems based elements available at a pediatric hospital and describe which pediatric surgical patients can be appropriately managed in this setting.
4. Describe patient factors in pediatric patients with surgical illnesses or injuries which might indicate a need for referral to another facility.
5. Assess the availability of other components of the healthcare team in the overall management of the pediatric patient including, but not limited to:
 - a. Physical therapy
 - b. Occupational therapy
 - c. Psychological counseling
 - d. Recreational therapy
 - e. Nursing
6. Summarize the activities of other available members of the healthcare team in the overall management of pediatric surgical patients to include the following:
 - a. Physical therapy
 - b. Occupational therapy
 - c. Psychological counseling
 - d. Recreational therapy
 - e. Nursing
7. Utilize effectively system resources to provide appropriate post discharge care.
8. Obtain informed consent in accordance with service and hospital policy from the appropriately designated person prior to performing any invasive procedure
9. Perform and document a "timeout" in accordance with service and hospital policy before all invasive procedures
10. Time and date all medical record entries in accordance with hospital and service policy.
11. Describe and strictly comply with all Residency Review Committee (RRC), State of Texas

and Texas Tech University Health Sciences Center requirements including, but not limited to: a. duty hours
b. identification of resident fatigue c. educational requirements
d. physician impairment

Page 75 of 173

- e. sexual misconduct
- f. unprofessional behavior

Texas Tech University Health Science Center Permian Basin Plastic Surgery Rotation

Goals

1. Demonstrate an understanding of the pathophysiologic effect of complex wounds.
2. Demonstrate the ability to effectively manage the care of a patient with complex wounds.
3. Demonstrate the knowledge and ability to manage a variety of healthcare services for patients with complex wounds.
4. Develop the knowledge and skills necessary to independently care for patients with complex wounds.

Objectives

s PGY 1

Medical knowledge

1. Describe the histologic and functional anatomy of the skin, subcutaneous tissues, and muscles.
2. Outline the dynamics and the progression of tissue damage with complex wounds.
3. Review the criteria for adequate evaluation of a patient with complex wounds, including historical aspects of the wound and subjective physical findings.
4. Discuss an initial treatment plan for complex wounds based on the above evaluation.
5. Describe the clinical factors in patients with complex wounds necessitating immediate intervention to preserve life, limb, and function.
6. Outline the principle of the immunologic alteration, and bacteriologic pathology of complex wounds.
7. Discuss the symptoms, signs and clinical findings suggestive of
 - a. shock
 - b. sepsis
 - c. respiratory failure
 - d. cardiac failure
 - e. renal failure
 - f. multisystem organ failure
 - g. systemic inflammatory response syndrome
8. Discuss the various laboratory and radiology studies that can be used to evaluate the complications of complex wounds including but not limited to:
 - a. shock
 - b. sepsis
 - c. respiratory failure
 - d. cardiac failure
 - e. renal failure
 - f. multisystem organ failure
 - g. systemic inflammatory response syndrome
9. Discuss the hormonal response to complex wounds with the potential metabolic and physiologic consequences in adult and geriatric patients.
10. Discuss the clinical management of adult and geriatric patients with complex wounds including but not limited to:
 - a. shock
 - b. sepsis
 - c. respiratory failure
 - d. cardiac failure
 - e. renal failure
 - f. multisystem organ failure
 - g. systemic inflammatory response syndrome
11. Discuss the evaluation and management of comorbid conditions in adult and geriatric patients with complex wounds including but not limited to:
 - a. diabetes
 - b. atherosclerosis
 - c. obesity
12. Identify the risk factors associated with morbidity and mortality in adult and geriatric patients with complex wounds.
13. Discuss the nutritional needs of pediatric, adult and geriatric patients with complex

wounds.

14. Discuss the management of the nutritional problems of pediatric, adult and geriatric patients with complex wounds.
15. Describe the symptoms, signs and physical findings suggestive of a possible complication of a complex wounds.
16. Discuss the options for the operative and non-operative management of the complications of complex wounds with the risks and possible complications of each.
17. Discuss appropriate deep venous thrombosis prophylaxis, antibiotics and cardiac risk prophylaxis for patients with complex wounds.
18. Review the basic principles and controversies concerning the management of complex wounds, and describe a clinical plan for care.
19. Analyze the principles of systemic and local antibacterial agents in complex wounds.
20. Explain the special circumstances created by electrical, thermal or chemical complex wounds, and apply their relation to management.
21. Review the epidemiology, prevention, and socioeconomic and psychological effects of complex wounds.
22. Describe the appearance of the complex wounds in relation to its depth, bacteriologic condition, healing potential, and requirement for intervention.
23. Review the indications for and contributions of physical and occupational therapy for patients with complex wounds.
24. Describe the anatomy of the hand in relation to the specialized requirements of management and rehabilitation of complex wounds of the hand.
25. Describe the indications, techniques for harvest, application, immobilization, and care of split- and full- thickness skin grafts.
26. Explain the principles of wound contracture, and report desirable and harmful effects of contracture on:
 - a. Initial management of the complex wounds
 - b. Closure of the complex wounds
 - c. Rehabilitation of the patient with complex wounds.
27. Describe the indications and basic techniques of plastic and reconstructive intervention in the complex wound to alleviate:
 - a. Scar contracture
 - b. Underlying joint contracture
 - c. Hypertrophic scar
35. Discuss the components and the appropriate use of blood and blood products in the patient with complex wounds.
36. Discuss techniques for pain management in the patient with complex wounds.
37. Describe follow up and rehabilitation for patients with complex wounds including, but not limited to:
 - a. wound care
 - b. clinic visits
 - c. reconditioning
 - d. pain management
 - e. counseling
 - f. maintenance of health
 - g. further evaluation and treatments
38. Describe the name and proper use of the instruments and equipment used during the Plastic Surgery rotation

Patient Care:

1. Provide evaluation and monitoring of the patient complex wounds.
2. Assess the appearance of the complex wounds in relation to its depth, bacteriologic condition, healing potential, and requirement for intervention.
3. Select and apply appropriate dressings and antibacterials.

4. Manage systemic effects of the complex wounds in the critically ill patient, including but not limited to:
 - a. Sepsis
 - b. Gastrointestinal effects
 - c. Immunologic effects
 - d. Cardio-respiratory effects
5. Manage wound therapy, including but not limited to:
 - a. Eschar formation and slough
 - b. Re-epithelization
 - c. Tangential and fascial excision
 - d. Debridement of deep tissues
 - e. Skin graft harvest and application
6. Appropriately perform invasive therapies on patients with complex wounds
7. Appropriately use blood and blood products in the patient with complex wounds.
8. Provide acceptable management of pain.
9. Perform a problem specific physical examination on each patient daily and document the results.
10. Maintain an accurate problem list on each patient with therapeutic plans.
11. Promptly evaluate and report to appropriate members of the health care team all expected or adverse events.
12. Coordinate postoperative follow up and rehabilitation for patients with complex wounds including, but not limited to:

a. wound care	b. dietary
needs	c. reconditioning
d. clinic visits	
e. pain management	f. maintenance of
counseling	health
g. further evaluation and treatments	
13. Properly use the instruments and equipment while on the Plastic Surgery rotation

Professionalism

17. Describe the professional responsibilities of each member of the wound care team.
18. Discuss ethical principals in the management of patients with complex wounds.
19. Describe ethnic and cultural factors which should be considered in the management of patients with complex wounds.
20. Discuss options and controversies in the clinical management of patients with complex wounds with students and members of the wound care team.
21. Discuss evidence-based recommendations for the management of patients with complex wounds with students and members of the wound care team.
22. Consult other members of the health care team when confronted with an unusual or complex situation.
23. Interact with all members of the health care team in a respectful manner at all times.
24. Adhere to all applicable standards of dress and demeanor

Interpersonal and Communication Skills

14. Effectively transfer appropriate information to the patient with complex wounds and their families.
15. Effectively educate patients with complex wounds and their families regarding treatment options with the potential risks and benefits of the various options.
16. Effectively transfer clinically relevant information to all members of the wound care team.

17. Appropriate communicate with other physicians, nurses, and members of the wound care team. 18. Document the status of each patient with complex wounds in the medical record daily and after each major change in the patient's clinical status in a timely manner.

19. Participate in multidisciplinary discussions in the care of patients with complex wounds
20. Encourage all members of the wound care team to participate in the treatment plans for burned

patients.

Practice Based Learning

9. Critically evaluate the outcomes of patients with complex wounds to identify opportunities for improvement in the quality of the care.
10. Describe how outcomes data can be used to develop new policies and procedures to improve the outcomes of patients with complex wounds.
11. Describe how the retrospective evaluation of the outcomes of specific groups of patients can be used to evaluate the current policies for management of complex wounds.
12. Maintain a personal portfolio of surgical experience with complex wounds including outcomes and critical evaluation of unexpected or adverse events.

Systems Based Practice

1. Document in accordance with service and hospital policy:
 - a. History and physical examination
 - b. progress notes
 - c. transfer and discharge summaries
 - d. procedure notes
2. Describe systems based elements which have been shown to improve outcomes in patients with complex wounds.
4. Describe patient factors in patients with complex wounds which might indicate a need for referral to another facility.
5. Assess the availability of other components of the healthcare team in the overall management of complex wounds including, but not limited to:
 - a. Physical therapy
 - b. Occupational therapy
 - c. Psychological counseling
 - d. Recreational therapy
 - e. Nursing
6. Summarize the activities of other available members of the healthcare team in the overall management of the complex wounds to include the following:
 - a. Physical therapy
 - b. Occupational therapy
 - c. Psychological counseling
 - d. Recreational therapy
 - e. Nursing
7. Utilize system resources effectively to provide appropriate post discharge care.
8. Obtain informed consent in accordance with service and hospital policy from the patient or other designated person prior to performing any invasive procedure
9. Perform and document a "timeout" in accordance with service and hospital policy before all invasive procedures
10. Time and date all medical record entries in accordance with hospital and service policy.
11. Describe and strictly comply with all Residency Review Committee (RRC), State of Texas and Texas Tech University Health Sciences Center requirements including, but not

- limited to: a. duty hours
b. identification of resident fatigue

Page 80 of 173

- c. educational requirements
- d. physician impairment
- e. sexual misconduct
- f. unprofessional behavior

**Texas Tech University Health Science Center Permian
Basin Private Surgery Rotation
Medical Center Hospital, Odessa**

TX Goals

1. Demonstrate an understanding of the pathophysiologic effect of illness and injury in the patient with surgical illness.
2. Demonstrate the ability to effectively manage the care of a patient with surgical illness.
3. Demonstrate the knowledge and ability to manage a variety of healthcare services for patients with surgical diseases.
4. Develop the knowledge and skills necessary to independently care for patients with surgical illnesses.

Objectives

s PGY 2

Medical Knowledge

1. Describe options for the non-operative and operative management of surgical illnesses and injuries with an evidence based discussion of the effectiveness and possible complications of each and long term consequences of each.
2. Describe the technical aspects of the various surgical procedures which can be used to manage patients with surgical illness or injuries with attention to the anatomy and potential damage to adjacent structures.
3. Describe the possible physiologic consequences of the various surgical procedures for the management of surgical illness or injury with an evidence based discussion of the incidence of these problems and methods to prevent them.
4. Discuss the risks, potential benefits and possible complications of the surgical procedures which can be used to manage patients with surgical illnesses and injuries.
5. Describe the long term consequences of the various surgical options which can be used for the management of patients with surgical illnesses or injuries.
6. Describe the various incisions that can be utilized to manage surgical illnesses and injuries including, but not limited to those of the:
 - a. head and neck
 - b. chest
 - c. abdomen
 - d. vascular system
 - e. genitourinary system
7. Discuss the concept of minimally invasive surgery including, but not limited to:
 - a. physiologic consequences
 - b. advantages
 - c. immunological effects
 - d. costs
 - e. indications
8. Describe the technical aspects of the various minimally invasive surgical procedures which can be used to manage patients with surgical illnesses or injuries.
9. Describe techniques for hemostasis in both traditional and minimally invasive surgical procedures with the effectiveness, limitations and cost of each.
10. Describe techniques of tissue handling and dissection in both traditional and minimally invasive surgical procedures.
11. Describe the various options for reconstruction, with an evidence based discussion of the potential complications and physiologic consequences of each, after resective procedures including, but not limited to those of the:
 - a. gastrointestinal tract
 - b. genitourinary system
 - c. pancreatobiliary system
 - d. vascular system

12. Describe the technical aspects of the various options for reconstruction after resective procedures including, but not limited to:
 - a. hand sewn or mechanical anastomosis
 - b. permanent or absorbable suture
 - c. use of prosthetic materials
13. Describe the technical aspects of closure of the surgical incision including, but not limited to:
 - a. permanent or absorbable suture
 - b. monofilament or braided suture
 - c. use of prosthetic materials
14. Describe the name and proper use of operating room instruments and equipment used in the care of patients with surgical illnesses and injuries at the Medical Center Hospital.

Patient Care

1. Select and perform, with appropriate supervision, surgical procedures for the management of patients with surgical illness or injuries.
2. Make appropriate incisions to surgically manage patients with surgical illnesses and injuries including, but not limited to those of the:
 - a. head and neck
 - b. chest
 - c. abdomen
 - d. vascular system
 - e. genitourinary system
3. Perform, with appropriate supervision, minimally invasive surgical procedures.
4. Attain appropriate hemostasis in both traditional and minimally invasive surgical procedures.
5. Utilize appropriate techniques for tissue handling and dissection in both traditional and minimally invasive surgical procedures.
6. Perform, with appropriate supervision, procedures for reconstruction after resective procedures including, but not limited to those of the:
 - a. gastrointestinal tract
 - b. genitourinary system
 - c. pancreatobiliary system
 - d. vascular system
7. With appropriate supervision, correctly close surgical incisions.
8. Properly use the operating room instruments and equipment at the Medical Center Hospital.

Professionalism

17. Discuss ethical and legal principals in the management of patients with surgical illnesses and injuries.
18. Describe ethnic and cultural factors which should be considered in the management of patient's with surgical illnesses and injuries.
19. Describe evidence based options and controversies in the clinical management of patients with surgical illnesses and injuries with students and other members of the health care team.
20. Discuss evidence-based recommendations for the management of surgical patients with other members of the health care team.
21. Provide care that is respectful of the diverse characteristics and cultures of their patients.
22. Consult other members of the health care team when confronted with unusual or complex situations.
23. Interact with all members of the health care team in a respectful manner at all times.
24. Adhere to all applicable standards of dress and demeanor

Interpersonal and Communication Skills

17. Effectively transfer appropriate information to surgical patients and their families.

18. Effectively educate surgical patients and their families regarding treatment options with the Page 83 of 173

potential risks and benefits of the various options.

19. Effectively transfer clinically relevant information to all members of the healthcare team.
20. Appropriately communicate with physicians, nurses, and other members of the healthcare team in a respectful and professional manner.
21. Document the status of each assigned patient in the medical record daily and after each major change in the patient's clinical status in a timely manner.
22. Participate in multidisciplinary discussions in the care of the surgical patient.
23. Encourage all members of the healthcare team to participate in the treatment plans for the surgical patient.
24. Consult other members of the health care team when confronted with an unusual or complex situation.

Practice Based Learning

1. Critically evaluate the outcomes of each patient to identify opportunities for improvement in the quality of the care provided to the patient.
2. Describe how outcomes data can be used to develop new policies and procedures to improve the outcomes of surgical patients.
3. Describe how the retrospective evaluation of the outcomes of specific groups of patients can be used to evaluate the current policies regarding the care of patients with surgical illnesses.
4. Maintain a personal portfolio of surgical experience with outcomes and critical evaluation of unexpected or adverse events.

Systems Based Practice

1. Document in accordance with service and hospital policy:
 - a. History and physical examination
 - b. progress notes
 - c. transfer and discharge summaries
 - d. procedure notes
2. Describe systems based elements which have been shown to improve outcomes in surgical patients.
3. Identify the systems based elements available at a community based, tertiary care hospital and describe which patients with surgical illness or injury can be appropriately managed in this setting.
4. Describe patient factors in patients with surgical illnesses or injuries which might indicate a need for referral to a tertiary care facility.
5. Assess the availability of other components of the healthcare team in the overall management of the patient with surgical illness or injury including, but not limited to:
 - a. Physical therapy
 - b. Occupational therapy
 - c. Psychological counseling
 - d. Recreational therapy
 - e. Nursing
6. Summarize the activities of other available members of the healthcare team in the overall management of the patients with surgical illnesses and injuries to include the following:
 - a. Physical therapy
 - b. Occupational therapy
 - c. Psychological counseling
 - d. Recreational therapy
 - e. Nursing
7. Utilize system resources effectively to provide appropriate post discharge care.
8. Obtain informed consent in accordance with service and hospital policy from the patient or other designated person prior to performing any invasive procedure

9. Perform and document a "timeout" in accordance with service and hospital policy before all invasive procedures
10. Time and date all medical record entries in accordance with hospital and service policy.
11. Describe and strictly comply with all Residency Review Committee (RRC), State of Texas and Texas Tech University Health Sciences Center requirements including, but not limited to:
 - a. duty hours
 - b. identification of resident
 - c. educational requirements
 - d. physician impairment
 - e. sexual misconduct
 - f. unprofessional behavior

PGY 5

Medical Knowledge

1. As a prerequisite to beginning the Private Surgery rotation at the PGY 5 level, the residents will be expected to have attained the Knowledge objectives for the PGY 2 residents.
2. Describe options for the non-operative and operative management of surgical illnesses and injuries with an evidence based discussion of the effectiveness and possible complications of each and long term consequences of each.
3. Describe the technical aspects of the various procedures which can be used to manage patients with surgical illness or injuries with attention to the anatomy and potential damage to adjacent structures.
4. Describe the possible physiologic consequences of the various procedures for the surgical management of acute illness or injury with an evidence based discussion of the incidence of these problems and methods to prevent them.
5. Discuss the risks, potential benefits and possible complications of the procedures which can be used to manage surgical illnesses and injuries.
6. Describe the long term consequences of the various options which can be used for the management of patients with surgical illnesses or injuries.
6. Describe the various incisions that can be utilized to manage surgical illnesses and injuries including, but not limited to those of the:
 - a. head and neck
 - b. chest
 - c. abdomen
 - d. vascular system
 - e. genitourinary system
7. Discuss the concept of minimally invasive surgery including, but not limited to:
 - a. advantages
 - b. immunological effects
 - c. costs
 - d. physiologic consequences
 - e. indications
8. Describe the technical aspects of the various minimally invasive procedures which can be used to manage patients with surgical illnesses or injuries.
9. Describe techniques for hemostasis in both traditional and minimally invasive surgical procedures with the effectiveness, limitations and cost of each.
10. Describe techniques of tissue handling and dissection in both traditional and minimally invasive surgical procedures.
11. Describe the various options for reconstruction, with an evidence based discussion of the potential complications and physiologic consequences of each, after resective procedures including, but not limited to those of the:
 - a. gastrointestinal tract
 - b. genitourinary
 - c. system
 - d. pancreatobiliary system
 - d. vascular system

12. Describe the technical aspects of the various options for reconstruction after resective procedures including, but not limited to:
 - a. hand sewn or mechanical anastomosis
 - b. permanent or absorbable suture
 - c. use of prosthetic materials
13. Describe the technical aspects of closure of the surgical incision including, but not limited to:
 - a. permanent or absorbable suture
 - b. monofilament or braided suture
 - c. use of prosthetic materials
14. Describe the name and proper use of operating room instruments and equipment used in the care of patients with surgical illnesses and injuries at the Medical Center Hospital.
15. Describe the skills needed to be an effective leader of the health care team including, but not limited to:
 - a. how to be an effective leader of the healthcare team
 - b. methods to encourage input from members of the healthcare team
 - c. activities to educate members of the health care team
 - d. techniques to effectively communication with team

members **Patient Care**

1. As a perquisite to beginning the Private Surgery Rotation at the PGY 5 level, the residents will also be expected to fulfill the Patient Care objectives for the PGY 2 resident.
2. Select and perform, with appropriate supervision, procedures for the management of patients with surgical illness or injuries.
3. Make appropriate incisions to manage patients with surgical illnesses and injuries including, but not limited to those of the:
 - a. head and neck
 - b. chest
 - c. abdomen
 - d. vascular system
 - e. genitourinary system
4. Perform, with appropriate supervision, minimally invasive procedures for patients with surgical illnesses or injuries.
5. Attain appropriate hemostasis in both traditional and minimally invasive surgical procedures.
6. Utilize appropriate techniques for tissue handling and dissection in both traditional and minimally invasive surgical procedures.
7. Perform, with appropriate supervision, procedures for reconstruction after resective procedures including, but not limited to those of the:
 - a. gastrointestinal tract system
 - b. genitourinary system
 - c. pancreatobiliary system
 - d. vascular system
8. With appropriate supervision, appropriately close surgical incisions.
9. Properly use the operating room instruments and equipment at the Medical Center Hospital.
10. With appropriate supervision, provide effective leadership of the health care team, including, but not limited to:
 - a. leading by example
 - b. encouraging input from members of the healthcare team
 - c. educating members of the health care team
 - d. providing appropriate supervision of the activities of the healthcare team
 - e. effectively communicating with team members
 - f. accepting responsibility for the activities of the health care

team **Professionalism**

9. Discuss ethical and legal principals in the management of patients with surgical

illnesses and injuries.

10. Describe ethnic and cultural factors which should be considered in the management of patient's with surgical illnesses and injuries.
11. Describe evidence based options and controversies in the clinical management of patients with surgical illnesses and injuries with students and other members of the health care team.
12. Discuss evidence-based recommendations for the management of surgical patients with other members of the health care team.
13. Provide care that is respectful of the diverse characteristics and cultures of patients.
14. Consult other members of the health care team when confronted with unusual or complex situations.
15. Interact with all members of the health care team in a respectful manner at all times.
16. Adhere to all applicable standards of dress and demeanor

Interpersonal and Communication Skills

9. Effectively transfer appropriate information to surgical patients and their families.
10. Effectively educate surgical patients and their families regarding treatment options with the potential risks and benefits of the various options.
11. Effectively transfer clinically relevant information to all members of the healthcare team.
12. Appropriately communicate with physicians, nurses, and other members of the healthcare team in a respectful and professional manner.
13. Document the status of each assigned patient in the medical record daily and after each major change in the patient's clinical status in a timely manner.
14. Participate in multidisciplinary discussions in the care of the surgical patient.
15. Encourage all members of the healthcare team to participate in the treatment plans for the surgical patient.
16. Consult other members of the health care team when confronted with an unusual or complex situation.

Practice Based Learning

1. Critically evaluate the outcomes of each patient to identify opportunities for improvement in the quality of the care provided to the patient.
2. Describe how outcomes data can be used to develop new policies and procedures to improve the outcomes of surgical patients.
3. Describe how the retrospective evaluation of the outcomes of specific groups of patients can be used to evaluate the current policies regarding the care of patients with surgical illnesses.
4. Maintain a personal portfolio of surgical experience with outcomes and critical evaluation of unexpected or adverse events.

Systems Based Practice

1. Document in accordance with service and hospital policy:
 - a. History and physical examination
 - b. progress notes
 - c. transfer and discharge summaries
 - d. procedure notes
2. Describe systems based elements which have been shown to improve outcomes in surgical patients.
3. Identify the systems based elements available at a community based, tertiary care hospital and describe which patients with surgical illness or injury can be appropriately managed in this setting.
4. Describe patient factors in patients with surgical illnesses or injuries which might indicate a need for referral to a tertiary care facility.

5. Assess the availability of other components of the healthcare team in the overall management of the patient with surgical illness or injury including, but not limited to:
 - a. Physical therapy
 - b. Occupational therapy
 - c. Psychological counseling
 - d. Recreational therapy
 - e. Nursing
6. Summarize the activities of other available members of the healthcare team in the overall management of the patients with surgical illnesses and injuries to include the following:
 - a. Physical therapy
 - b. Occupational therapy
 - c. Psychological counseling
 - d. Recreational therapy
 - e. Nursing
7. Utilize effectively system resources to provide appropriate post discharge care.
8. Obtain informed consent in accordance with service and hospital policy from the patient or other designated person prior to performing any invasive procedure
9. Perform and document a "timeout" in accordance with service and hospital policy before all invasive procedures
10. Time and date all medical record entries in accordance with hospital and service policy.
11. Describe and strictly comply with all Residency Review Committee (RRC), State of Texas and Texas Tech University Health Sciences Center requirements including, but not limited to:
 - a. duty hours
 - b. identification of resident fatigue
 - c. educational requirements
 - d. physician impairment
 - e. sexual misconduct
 - f. unprofessional behavior
12. Develop duty schedules which include, but are not limited to:
 - a. adherence to Residency Review Committee (RRC) requirements regarding duty hours.
 - b. documentation of time off.
 - c. arrangements for vacation time in accordance with Texas Tech University Health Sciences Center Permian Basin policy.
 - d. time to attend educational conferences.

Educational Goals and Objectives for Resident Rotation in Surgical Immunology and Organ Transplantation

PGY-3

I. Goals

A. *Surgical Immunology*

1. The resident should be able to demonstrate a general understanding of general immunological principles and their application to surgical practice.
2. The resident should be able to demonstrate an understanding of the principles of care for patients with abnormal immune function who are undergoing general surgery procedures.

B. *Organ Transplantation*

1. The resident should demonstrate an understanding clinical transplantation and interpret the guidelines for preparing patients for organ transplantation.

II. Educational Objectives

A. Knowledge

1. *Surgical Immunology*

- a) The resident should be able to describe the basis concepts of the human immune system including:
 - (1) cells involved in host defense
 - (2) central roles of lymphocytes and macrophages
 - (3) their derivation from pluripotent stem cells.
- b) The resident should be able to summarize the major activities of the macrophage, its products of secretion, and its role as the antigen-presenting cell (APC).
- c) The resident should be able to describe the ontogeny, function, and role in cellular immunity and graft rejection of the T-lymphocyte; demonstrate understanding of the T-cell receptor and its interaction with the human leukocyte antigen (HLA) complex.
- d) The resident should be able to summarize the events in T-cell activation, including the roles of CD4+ and CD8+ cells and the release of involved interleukins.
- e) The resident should be able to explain the development, differentiation, and function of B-lymphocytes in the formation of antibodies; outline and describe the functional anatomy of an immunoglobulin molecule.
- f) The resident should be able to describe the immune functions of the spleen, liver, thymus, and bone marrow and summarize the impact of their manipulation on the immune system.
- g) The resident should be able to describe the resident flora, mechanical barriers local hormones, and chemicals of the epithelium in the following tracts involved in the body's defenses against infection:

- (1) gastrointestinal
 - (2) respiratory
 - (3) genitourinary.
- h) The resident should be able to describe the body's response to infection when: (1) there has been no prior antigenic contact (2) there has been prior contact (a) passive and active immunization (b) T-cell memory activation.
- i) The resident should be able to explain the therapeutic and prophylactic roles of intravenous immunoglobulin and viral vaccines.
- j) The resident should be able to distinguish between several known congenital and acquired immunodeficiency states, including sepsis and severe burns.
- k) The resident should be able to describe tests of cellular immune integrity, including skin and laboratory tests of lymphocyte function.

2. Organ Transplantation

- a) The resident should be able to define the anatomic and biologic terms associated with organ transplantation, donor and recipient relationships, and grafting between species.
- b) The resident should be able to explain the human leukocyte antigen (HLA) complex, including:
- (1) its genetic location and composition, (2) pattern of inheritance, and
 - (3) the difference between location and composition, pattern of inheritance, and
 - (4) the difference between Class I and II antigens of the major histocompatibility complex (MHC).
- c) The resident should be able to discuss the role of tissue typing in the identification and preparation of patients for organ transplantation to include:
- (1) natural, pre-formed antibodies (2) acquired antibodies
 - (3) the role of panel reactive antibody (PRA) (sensitization) (4) the effect of tissue typing compatibility on graft survival.
- d) The resident should be able to define the criteria for organ and tissue donation; apply these criteria to critically-ill patients.
- e) The resident should be able to explain the clinical definition of brain death, including a discussion of the available laboratory and radiologic studies to support the clinical criteria.
- f) The resident should be able to outline the development of organ preservation solutions and techniques and describe the currently practiced methods for handling and storing vascularized organs.

g) The resident should be able to describe the mechanism of action, dosing schedule, and side effects of the following immunosuppressive drugs:

- (1) Azathioprine
- (2) Prednisone
- (3) Antilymphocyte globulins
- (4) Cyclosporine
- (5) Anti-CD3 monoclonal antibody
- (6) Tacrolimus (FK506); Rapamycin (Sirolimus)
- (7) Simulect and Zenapax.
- (8) FTY 720
- (9) Campath (AntiCD52)

h) The resident should be able to analyze the short – and long – term risks of chronic immunosuppression including:

- (1) opportunistic infections
- (2) cardiovascular problems
- (3) autoimmune diseases
- (4) lymphoproliferative disease
- (5) rejection.

B. Patient Care

1. The resident should participate in the perioperative management of immunosuppressive agents in chronically-medicated patients undergoing general surgery.
2. The resident should recognize and treat wound infections and other complex disorders in chronically immunosuppressed patients undergoing elective and emergent surgery.
3. The resident should monitor drug levels and side effects of immunosuppressants.

C. Interpersonal and Communications Skills

1. On a daily basis, the resident should actively teach students and junior residents assigned to the same rotation.
2. The resident should be able to clearly, accurately and succinctly present pertinent information to faculty regarding patients new to the service including newly admitted patients and patients for whom the service has been consulted.
3. The junior resident should be able to clearly, accurately and succinctly present pertinent information to senior resident(s) regarding patients new to the service including newly admitted patients and patients for whom the service has been consulted.
4. The resident should clearly, accurately and respectfully communicate with nurses and other hospital employees.
5. The resident should clearly, accurately and respectfully communicate with referring and consulting physicians, including fellow residents.

6. The resident should clearly, accurately and respectfully communicate with patients and appropriate members of their families identified disease processes (including complications), the expected courses, operative findings and operative procedures.

7. The resident should maintain clear, concise, accurate and timely medical records including (but not limited to) admission history and physical examination notes, consultation notes, progress notes, orders, operative notes and discharge summaries

D. Practice-Based Learning and Improvement

1. The resident should maintain a detailed log of operative cases in which (s)he participates including:

- a) Diagnosis
- b) Procedure performed
- c) Postoperative course of the patient including any complications sustained and an analysis of the origin(s) of each complication

2. The resident should maintain a portfolio of rotation related literature searches

3. The resident should maintain a portfolio of rotation related formal presentations including presentation of complications (Morbidity and Mortality Conference)

E. Systems-Based Practice

1. The resident should be able to appropriately utilize in a timely and cost efficient manner ancillary services including:

- a) Social Work
- b) Discharge Planning
- c) Physical Therapy
- d) Occupational Therapy
- e) Respiratory Therapy
- f) Nutrition services
- g) Enterostomal Therapy
- h) Pharmacists
- i) Physician Extenders including Physicians' Assistants and Nurse Practitioners

2. The resident should be able to appropriately utilize consultations from other surgical and medical specialties in a timely and cost efficient manner to facilitate and enhance patient care.

3. The resident should be able to summarize the financial costs, the risks and the benefits of all proposed diagnostic studies and therapeutic interventions.

4. The resident should determine and convey to the appropriate individuals the instruments and other materials necessary for all procedures in order to minimize waste of resources.

5. The resident should be able to offer sound justification for all diagnostic tests (including laboratory studies) ordered by her/him.

F. Professionalism

1. The resident must be honest with all individuals at all times in conveying issues of patient care.
2. The resident should place the needs of the patient above the needs or desires of self.
3. The resident should maintain high ethical behavior in all professional activities.
4. The resident must demonstrate commitment to continuity of care through carrying out her/his own personal responsibilities or through assuring that those responsibilities are fully and accurately conveyed to others acting in her/his stead.
5. The resident should, at any time while engaged in patient care, be properly and professionally attired including adherence to any extant dress code.
6. The resident should, at any time while engaged in patient care, be properly and professionally groomed.
7. The resident should demonstrate sensitivity to issues of age, race, gender and religion with patients, families and all members of the health care team.
8. The resident should at all times treat patients, families and all members of the health care team with respect.
9. The resident should reliably be present in pre-arranged places and at pre-arranged times except when the resident is actively engaged in the treatment of a surgical or medical emergency. Under such circumstances, the resident should provide timely notification to the appropriate individual(s) of her/his inability to engage in the pre-arranged activity.

III. Outpatient Clinic Objectives

A. Medical Knowledge

The resident should be able to critically evaluate and demonstrate knowledge of pertinent scientific information applicable to preoperative and postoperative conditions seen in the outpatient setting.

B. Patient Care

1. The resident should demonstrate an understanding and commitment to continuity of care through:
 - a) Preoperative patient evaluation to make or confirm a surgical diagnosis.
 - b) Correct interpretation of available diagnostic studies.
 - c) Correct pre-operative assessment of operative risk factors.
 - d) Accurate post-operative assessment of patient progress, including: (1) Wound healing.
(2) Reconditioning.
 - e) Development of a patient care plan including timing of return to normal activities including work.
2. The resident should be able to correctly perform (with supervision) minor ambulatory operations including:
 - a) Incision and drainage of superficial abscesses.
 - b) Excision of superficial skin lesions.

- c) Closure of superficial lacerations.
- d) Excision of small subcutaneous masses.

C. Interpersonal and Communications Skills

1. PGY 3

The resident should:

- a) Perform initial contact with patients and patient families.
- b) Perform explanation of surgical disease.
- c) Perform explanation of surgical risk factors.
- d) Perform the process of informed consent.
- e) Effectively document the outpatient visit.

D. Practice Based Learning and Improvement

The resident should use books, journals, internet access and other tools available in the outpatient setting to learn about diseases and treatments that are observed in that setting.

E. Systems Based Practice

- 1. The resident should practice high quality, cost-effective patient care.
- 2. The resident should demonstrate knowledge of risk-benefit analysis in determining the appropriate treatment for patients.
- 3. The resident should be able to demonstrate and explain an understanding of the role of different specialists and other health care professionals in overall patient management.
- 4. Resident should be able to perform correctly the communication between the surgeon and the referring physician.
- 5. Resident should be able to perform correctly the acquisition of necessary consultative services to assess and to reduce operative risk.
- 6. Resident should be able to perform correctly the interface with home health services (nursing, nutrition, physical therapy, occupational therapy).
- 7. Resident should be able to perform correctly coding for the billing of outpatient services.
- 8. Resident should be able to perform correctly the interface of the outpatient office and the hospital in scheduling admissions and / or operations.
- 9. All residents should observe / learn the complexities of through processing an outpatient visit from patient scheduling to patient departure including registration, acquisition of third party payer approval, interface with nursing personnel, the actual surgeon visit, scheduling of necessary tests, acquisition of test results and scheduling follow-up

F. Professionalism

- 1. The resident should dress in appropriate professional attire.
- 2. The resident should maintain and demonstrate high standards of ethical

3. The resident should maintain and demonstrate sensitivity to age, gender and culture of patients and other health care professionals.

Selected Bibliography for Immunology:

1. Rigotti P, VanBuren CT, Payne WT, Peters C, Kahan BD. Gastrointestinal perforations in renal transplant recipients immunosuppressed with cyclosporine. *World J Surg* 10:137-141, 1986.
2. Lorber MI, VanBuren CT, Flechner SM, Williams C, Kahan BD. Hepatobiliary and pancreatic complications of cyclosporine therapy in 466 renal transplant recipients. *Transplantation* 43:335-40, 1987.
3. Kerman RH, Kahan BD. The role of immune evaluation in transplantation. IN: Cerilli GJ (ed.). *Organ Transplantation and Replacement*, pp. 379-393, J.B. Lippincott, Philadelphia, 1987.
4. Johnson PC, Lewis RM, Golden DL, Oefinger PE, VanBuren CT, Kerman RH, Kahan BD. The impact of cytomegalovirus infection on seronegative recipients of seropositive donor kidneys versus seropositive recipients treated with cyclosporine-prednisone immunosuppression. *Transplantation* 45:116-121, 1988.
5. Colon R, Frazier OH, Kahan BD, Radovancevic B, Duncan JM, Lorber MI, VanBuren CT. Complications in cardiac transplant patients requiring general surgery. *Surgery* 103:32-38, 1988.
6. VanBuren CT, Kahan BD. The renal transplant patient. IN: Kinney JM, Jeejeebhoy KN, Hill GL, Owen OE (eds.) *Nutrition and Metabolism in Patient Care*. pp 558-566, W.B. Saunders Company, Philadelphia, 1988.
7. Kahan BD. Transplantation timeline: mankind's three millennia – one maverick's three decades in the struggle against biochemical individuality. *Transplantation* 51:1-21, 1991.

Selected Bibliography for Organ Transplantation:

1. Kahan BD. Principles and Practice of Renal Transplantation. Taylor Publishers. 860 pages.
2. Kahan BD. Overview: individualization of cyclosporine therapy using pharmacokinetic and pharmacodynamic parameters. *Transplantation* 40:445-476, 1985.
3. Kahan BD, Flechner SM, Lorber MI, Golden DL, Conley SB, VanBuren CT. Complications of cyclosporine-prednisone immunosuppression in 402 renal allograft recipients exclusively followed at a single center for one to five years. *Transplantation* 43:197-204, 1987.
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6. Kahan BD, Dunn J, Fitts C, VanBuren D, Wombolt D, Pollak R, Carson, Alexander JW, Chang CT, Choc M, Wong R, Wangs DS. Reduced inter- and intra-subject variability in cyclosporine pharmacokinetics in renal transplant recipients treated with a microemulsion formulation in conjunction with fasting, low fat or high fat meals. *Transplantation* 59: 505-511, 1995.
7. Murgia MG, Jordan S, Kahan BD. The side effects profile of sirolimus: a phase I study in quiescent cyclosporine-prednisone-treated renal transplant patients. *Kid Int* 49:209-216, 1996.
8. Kahan BD, Welsh M, Schoenberg L, Rutzky L, Katz SM, Urbauer DL, VanBuren CT. variable oral absorption of cyclosporine: a biopharmaceutical risk factor for chronic renal allograft rejection. *Transplantation* 62:599-606, 1996.
9. Kahan BD. Sirolimus: a new agent for clinical renal transplantation. *Transplantation Proc* 29:48-50, 1997.

**Texas Tech University Health Science Center Permian
Basin Surgery Rotation
Medical Center Hospital, Odessa TX**

Goals

1. Demonstrate an understanding of the pathophysiologic effect of surgical illness and injury.
2. Demonstrate the ability to effectively manage the care of a patient with surgical illness or injuries.
3. Demonstrate the knowledge and ability to manage a variety of healthcare services for surgical illness or injuries.
4. Develop the knowledge and skills necessary to independently care for patients with surgical illnesses or injuries.

Objective

s PGY 1

Medical Knowledge

1. Discuss the anatomy and physiology of the abdominal wall, stomach, small intestine, colon, hepatobiliary system, pancreas, vascular system, integument, breast, and endocrine system in adult and geriatric patients.
2. Discuss the pathophysiology and natural history of surgical illnesses and injuries of the abdominal wall, stomach, small intestine, colon, hepatobiliary system, pancreas, Vascular system, integument, breast, and endocrine system in adult and geriatric patients.
3. Discuss the symptoms, signs and clinical findings suggestive of acute illnesses and injuries of abdominal wall, stomach, small intestine, colon, hepatobiliary system, pancreas, vascular system, integument, breast, and endocrine system diseases in adult and geriatric patients.
4. Discuss the various laboratory and radiology studies that can be used in the evaluation of acute illnesses and injuries of the abdominal wall, stomach, small intestine, colon, hepatobiliary system, pancreas, vascular system, integument, breast, and endocrine system.
5. Discuss the general principles of the hormonal response to acute illnesses and injuries with the potential metabolic and physiologic consequences in adult and geriatric patients and options for the management of these changes.
6. Describe the options for the management of comorbid conditions in adult and geriatric patients with acute illnesses and injuries including but not limited to:
 - a. diabetes
 - b. pulmonary diseases
 - c. cardiac diseases
 - d. renal disease
 - e. coagulopathy
 - f. malnutrition
 - g. immunosuppression
7. Discuss options in the management of abnormalities of fluid, electrolytes and coagulation that may be associated with surgical illnesses and injuries.
8. Identify the risk factors associated with morbidity and mortality in adult and geriatric patients with surgical illnesses and injuries and methods to manage these factors.
9. Describe the symptoms, signs and physical findings suggestive of possible complications of surgical illnesses and injuries.
10. Discuss the options for deep venous thrombosis prophylaxis, antibiotics and cardiac risk prophylaxis for critically ill or injured patients.

11. Discuss the composition of the various blood products and options in the use of blood and blood products.
12. Discuss options for the management of pain in patients with surgical illness or injury.
13. Describe surgical options for the management of surgical illnesses and injuries.
14. Discuss the indications and possible complications of diagnostic and therapeutic rigid and flexible endoscopic procedures on patients with surgical illness or injury including but not limited to:
 - a. laryngotracheoscopy
 - b. esophagogastroduodenoscopy
 - c. proctosigmoidoscopy
 - d. colonoscopy
15. Discuss postoperative follow up and rehabilitation for patients with surgical illnesses and injuries including, but not limited to:
 - a. wound care
 - b. dietary restrictions
 - c. drain care
 - d. stoma care
 - e. clinic visits
 - f. pain management
 - g. maintenance of health
 - h. counseling
 - i. further evaluation and treatments

Patient Care

1. Using an evidence based review of the literature, provide appropriate evaluation, treatment and monitoring of patients with surgical illnesses and injuries.
2. Administer appropriate fluids and electrolytes to surgical patients during the pre and post operative period.
3. Select and apply appropriate dressings and antibacterials.
4. Using an evidence based review of the literature, appropriately manage the systemic effects of surgical illness or injury, including, but not limited to:
 - a. Gastrointestinal problems
 - b. Immunologic problems
 - c. Cardio-respiratory problems
 - d. Nutritional problems
5. Administer appropriate blood and blood products to patients with surgical illnesses and injuries
6. Provide appropriate wound care including, but not limited to:
 - a. surgical and enzymatic debridement of infected and necrotic tissues
 - b. vacuum assisted wound closure
7. Provide acceptable management of pain.
8. Perform an accurate problem specific physical examination on each patient daily and document the results.
9. Maintain a current problem list on each patient on the service with therapeutic plans.
10. Promptly evaluate and report to appropriate members of the health care team all unexpected or adverse events.
11. Satisfactorily perform diagnostic and therapeutic flexible laryngotracheoscopy, esophagogastroduodenoscopy, colonoscopy and flexible proctosigmoidoscopy on patients with surgical illness or injuries.
12. Coordinate postoperative follow up and rehabilitation for patients with surgical illnesses and injuries including, but not limited to:
 - a. wound care
 - b. dietary restrictions
 - c. drain care
 - d. stoma care
 - e. clinic visits

- f. pain management
- g. counseling

- h. maintenance of health
- i. further evaluation and treatments

Professionalism

- 33. Discuss ethical and legal principals in the management of patients with surgical illnesses and injuries.
- 34. Describe ethnic and cultural factors which should be considered in the management of patient's with surgical illnesses and injuries.
- 35. Describe evidence based options and controversies in the clinical management of patients with surgical illnesses and injuries with students and other members of the health care team.
- 36. Discuss evidence-based recommendations for the management of surgical patients with students and other members of the health care team.
- 37. Provide care that is respectful of the diverse characteristics and cultures of their patients.
- 38. Consult other members of the health care team when confronted with unusual or complex situations.
- 39. Interact with all members of the health care team in a respectful manner at all times.
- 40. Adhere to all applicable standards of dress and demeanor

Interpersonal and Communication Skills

- 25. Effectively transfer appropriate information to patients with surgical illnesses or injuries and their families.
- 26. Effectively educate patient with surgical illnesses or injuries and their families regarding treatment options with the potential risks and benefits of the various options.
- 27. Effectively transfer clinically relevant information to all members of the healthcare team.
- 28. Appropriately communicate with physicians, nurses, and other members of the healthcare team in a respectful and professional manner.
- 29. Document the status of each assigned patient in the medical record daily and after each major change in the patient's clinical status in a timely manner.
- 30. Participate in multidisciplinary discussions in the care of patients with surgical illnesses or injuries.
- 31. Encourage all members of the healthcare team to participate in the treatment plans for patients with surgical illnesses or injuries.
- 32. Consult other members of the health care team when confronted with an unusual or complex situation.

Practice Based Learning

- 1. Critically evaluate the outcomes of each patient to identify opportunities for improvement in the quality of the care provided to patients with surgical illnesses or injuries.
- 2. Describe how outcomes data can be used to develop new policies and procedures to improve the outcomes of patients with surgical illnesses or injuries.
- 3. Describe how the retrospective evaluation of the outcomes of specific groups of patients can be used to evaluate the current policies regarding the care of patients with surgical illnesses or injuries.
- 4. Maintain a personal portfolio of experience with patients with surgical illnesses or injuries including outcomes and the critical evaluation of unexpected or adverse events.

Systems Based Practice

1. Document in accordance with service and hospital policy:
 - a. History and physical examination
 - b. progress notes

Page 99 of 173

- c. transfer and discharge summaries d. procedure notes
- 2. Describe systems based elements which have been shown to improve outcomes in patients with surgical illnesses or injuries.
- 3. Identify the systems based elements available at a tertiary care hospital and describe which patients with surgical illnesses or injuries require these elements.
- 4. Describe patient factors in patients with surgical illnesses or injuries which might indicate a need for referral to another facility.
- 5. Assess the availability of other components of the healthcare team in the overall management of the acutely ill or injured patient including, but not limited to:
 - a. Physical therapy
 - b. Occupational therapy
 - c. Psychological counseling
 - d. Recreational therapy
 - e. Nursing
- 6. Summarize the activities of other available members of the healthcare team in the overall management of patients with surgical illnesses or injuries to include the following:
 - a. Physical therapy
 - b. Occupational therapy
 - c. Psychological counseling
 - d. Recreational therapy
 - e. Nursing
- 7. Utilize system resources effectively to provide appropriate post discharge care.
- 8. Obtain informed consent in accordance with service and hospital policy from the patient or other designated person prior to performing any invasive procedure.
- 9. Perform and document a "timeout" in accordance with service and hospital policy before all invasive procedures
- 10. Time and date all medical record entries in accordance with hospital and service policy.
- 11. Describe and strictly comply with all Residency Review Committee (RRC), State of Texas and Texas Tech University Health Sciences Center requirements including, but not limited to:
 - a. duty hours
 - b. identification of resident fatigue
 - c. educational requirements
 - d. physician impairment
 - e. sexual misconduct
 - f. unprofessional behavior

PGY 2

Medical Knowledge

- 8. As a prerequisite to beginning the Texas Tech University Health Sciences Center Permian Surgery Rotation at the PGY 2 level, the residents will be expected to have attained the Knowledge objectives for PGY 1 residents.
- 9. Discuss the anatomy and physiology of the abdominal wall, stomach, small intestine, colon, hepatobiliary system, pancreas, vascular system, integument, breast, and endocrine system in adult and geriatric patients.
- 10. Discuss the pathophysiology and natural history of surgical illnesses and injuries of the abdominal wall, stomach, small intestine, colon, hepatobiliary system, pancreas, vascular system, integument, breast, and endocrine system in adult and geriatric patients.
- 11. Discuss possible variations in the symptoms, signs and clinical findings suggestive of

surgical illnesses and injuries of abdominal wall, stomach, small intestine, colon,
hepatobiliary system,

Page 100 of 173

pancreas, vascular system, integument, breast, and endocrine system diseases in adult and geriatric patients.

12. Discuss the various laboratory and radiology studies that can be used in the evaluation of surgical illnesses and injuries of the abdominal wall, stomach, small intestine, colon, hepatobiliary system, pancreas, vascular system, integument, breast, and endocrine system with an evidence based discussion of the accuracy of each.
13. Discuss the general principles of the hormonal response to surgical illnesses and injuries with the potential metabolic and physiologic consequences in adult and geriatric patients and options for the management of these changes with an evidence based discussion of the effectiveness and possible complications of each.
14. Describe the options for the management of comorbid conditions with evidence based discussion of the effectiveness and possible complications of each in adult and geriatric patients with surgical illnesses and injuries including but not limited to:
 - a. diabetes
 - b. pulmonary diseases
 - c. cardiac diseases
 - d. renal disease
 - e. coagulopathy
 - f. malnutrition
 - g. immunosuppression
8. Discuss options for the management of the abnormalities of fluid, electrolytes and coagulation that may be associated with surgical illnesses and injuries.
9. Identify the risk factors associated with morbidity and mortality in adult and geriatric patients with surgical illnesses and injuries and methods to manage these factors.
10. Describe the symptoms, signs and physical findings suggestive of possible complications of surgical illnesses and injuries.
11. Discuss the options for deep venous thrombosis prophylaxis, antibiotics and cardiac risk prophylaxis for critically ill or injured patients with an evidence based discussion of the effectiveness and possible complications of each.
12. Discuss the composition of the various blood products and options in the use of blood and blood products with an evidence based discussion of the effectiveness and possible complications of each.
13. Discuss options for the management of pain in the surgical patient with an evidence based discussion of the effectiveness and possible complications of each.
14. Describe options for the surgical management of surgical illnesses and injuries.
15. Discuss the indications for and the possible complications of diagnostic and therapeutic rigid and flexible endoscopic procedures on patients with surgical illnesses or injuries including but not limited to:
 - a. laryngotracheoscopy
 - b. esophagogastroduodenoscopy
 - c. proctosigmoidoscopy
 - d. colonoscopy
16. Discuss postoperative follow up and rehabilitation for patients with surgical illnesses and injuries including, but not limited to:
 - a. wound care
 - b. dietary restrictions
 - c. drain care
 - d. stoma care
 - e. clinic visits
 - f. reconditioning
 - g. pain management
 - h. counseling
 - i. maintenance of health
 - j. further evaluation and

1. As a prerequisite to beginning the Texas Tech University Health Sciences Center Permian Basin Surgery Rotation at the PGY 2 level, the residents will be expected to fulfill the Patient Care objectives for PGY 1 residents.
2. Using an evidence based review of the literature, provide appropriate evaluation, treatment and monitoring of patients with surgical illnesses and injuries.
3. Administer appropriate fluids and electrolytes in surgical patients during the pre and post operative period.
4. Select and apply appropriate dressings and antibacterials.
5. Using an evidence based review of the literature, appropriately manage the systemic effects of surgical illness or injury, including but not limited to
 - a. Gastrointestinal problems
 - b. Immunologic problems
 - c. Cardio-respiratory problems
 - d. Nutritional problems
6. Administer appropriate blood and blood products to patients with surgical illnesses and injuries.
7. Provide appropriate wound care including, but not limited to:
 - a. surgical and enzymatic debridement of infected and necrotic tissues
 - b. vacuum assisted wound closure
8. Provide acceptable management of pain.
9. Perform an accurate problem specific physical examination on each patient daily and document the results.
10. Maintain a current problem list on each patient on the service with therapeutic plans.
11. Promptly evaluate and report to appropriate members of the health care team all unexpected or adverse events.
12. Satisfactorily perform diagnostic and therapeutic flexible laryngotracheoscopy, esophagogastroduodenoscopy, colonoscopy and flexible proctosigmoidoscopy on patients with surgical illnesses or injuries.
13. Coordinate postoperative follow up and rehabilitation for patients with surgical illnesses and injuries including, but not limited to:

a. wound care restrictions	b. dietary
c. stoma care	d. drain care
e. reconditioning	f. clinic visits
g. pain management	h. counseling
i. maintenance of health	
i. further evaluation and	

treatments **Professionalism**

41. Discuss ethical and legal principals in the management of patients with surgical illnesses and injuries.
42. Describe ethnic and cultural factors which should be considered in the management of patient's with surgical illnesses and injuries.
43. Describe evidence based options and controversies in the clinical management of patients with surgical illnesses and injuries with students and other members of the health care team.
44. Discuss evidence-based recommendations for the management of patients with surgical illnesses or injuries with students and other members of the health care team.
45. Provide care that is respectful of the diverse characteristics and cultures of their patients.
46. Consult other members of the health care team when confronted with unusual or complex situations.
47. Interact with all members of the health care team in a respectful manner at

48. Adhere to all applicable standards of dress and demeanor

Interpersonal and Communication Skills

33. Effectively transfer appropriate information to patients with surgical illnesses or injuries and their families.
34. Effectively educate patients with surgical illnesses or injuries and their families regarding treatment options with the potential risks and benefits of the various options.
35. Effectively transfer clinically relevant information to all members of the healthcare team.
36. Appropriately communicate with physicians, nurses, and other members of the healthcare team in a respectful and professional manner.
37. Document the status of each assigned patient in the medical record daily and after each major change in the patient's clinical status in a timely manner.
38. Participate in multidisciplinary discussions in the care of the patient with a surgical illness or injury.
39. Encourage all members of the healthcare team to participate in the treatment plans for the patients with surgical illnesses or injuries.
40. Consult other members of the health care team when confronted with an unusual or complex situation.

Practice Based Learning

1. Critically evaluate the outcomes of each patient to identify opportunities for improvement in the quality of the care provided to the patients with surgical illnesses or injuries.
2. Describe how outcomes data can be used to develop new policies and procedures to improve the outcomes of patients with surgical illnesses or injuries.
3. Describe how the retrospective evaluation of the outcomes of specific groups of patients can be used to evaluate the current policies regarding the care of patients with surgical illnesses or injuries.
4. Maintain a personal portfolio of experience with patients with surgical illnesses or injuries including outcomes and critical evaluation of unexpected or adverse events.

Systems Based Practice

1. Document in accordance with service and hospital policy:
 - a. History and physical examination
 - b. progress notes
 - c. transfer and discharge summaries
 - d. procedure notes
2. Describe systems based elements which have been shown to improve outcomes in patients with surgical illnesses or injuries.
3. Identify the systems based elements available at a tertiary care hospital and describe which patients with surgical illnesses or injuries require these elements.
4. Describe patient factors in patients with surgical illnesses or injuries which might indicate a need for referral to another facility.
5. Assess the availability of other components of the healthcare team in the overall management of patients with surgical illnesses or injuries including, but not limited to:
 - a. Physical therapy
 - b. Occupational therapy
 - c. Psychological counseling
 - d. Recreational therapy
 - e. Nursing
6. Summarize the activities of other available members of the healthcare team in

the overall management of patients with surgical illnesses or injuries to include the following:

a. Physical therapy

Page 103 of 173

- b. Occupational therapy
 - c. Psychological counseling
 - d. Recreational therapy
 - e. Nursing
7. Utilize effectively system resources to provide appropriate post discharge care.
 8. Obtain informed consent in accordance with service and hospital policy from the patient or other designated person prior to performing any invasive procedure
 9. Perform and document a "timeout" in accordance with service and hospital policy before all invasive procedures
 10. Time and date all medical record entries in accordance with hospital and service policy.
 11. Describe and strictly comply with all Residency Review Committee (RRC), State of Texas and Texas Tech University Health Sciences Center requirements including, but not limited to:
 - a. duty hours
 - b. identification of resident fatigue
 - c. educational requirements
 - d. physician impairment
 - e. sexual misconduct
 - f. unprofessional behavior

PGY 3

Medical Knowledge

1. As a prerequisite to beginning the Texas Tech University Health Sciences Center Permian Surgery Rotation at the PGY 3 level, the residents will be expected to have attained the Knowledge objectives for PGY 1 and PGY 2 residents.
2. Describe options for the non-operative and operative management of surgical illnesses and injuries with an evidence based discussion of the effectiveness and possible complications and long term outcomes of each.
3. Describe the technical aspects of the various surgical procedures which can be used to manage patients with surgical illness or injuries with attention to the anatomy and potential damage to adjacent structures.
4. Describe the possible physiologic consequences of the various surgical procedures for the management of surgical illness or injury with an evidence based discussion of the incidence of these problems and methods to prevent them.
5. Discuss the risks, potential benefits and possible complications of the procedures which can be used to manage surgical illnesses and injuries.
6. Describe the long term outcomes of the various surgical options which can be used for the management of patients with surgical illnesses or injuries.
6. Describe the various incisions that can be utilized to surgically manage surgical illnesses and injuries including, but not limited to those of the:
 - a. head and neck
 - b. chest
 - c. abdomen
 - d. vascular system
 - e. genitourinary system
7. Discuss the concept of minimally invasive surgery including, but not limited to:
 - a. advantages
 - b. immunological effects
 - c. costs
 - d. physiologic consequences
 - e. indications
8. Describe the technical aspects of the various minimally invasive surgical procedures which can be used to manage patients with surgical illnesses or injuries.
9. Describe techniques for hemostasis in both traditional and minimally invasive surgical procedures with the effectiveness, limitations and cost of each.

10. Describe techniques of tissue handling and dissection in both traditional and minimally invasive surgical procedures.
11. Describe the various options for reconstruction, with an evidence based discussion of the potential complications and physiologic consequences of each, after resective procedures including, but not limited to those of the:
 - a. gastrointestinal tract b. genitourinary
 - system c. pancreatobiliary system
 - d. vascular system
12. Describe the technical aspects of the various options for reconstruction after resective procedures including, but not limited to:
 - a. hand sewn or mechanical
 - anastomosis b. permanent or
 - absorbable suture
 - c. use of prosthetic materials
13. Describe the technical aspects of closure of the surgical incision including, but not limited to:
 - a. permanent or absorbable suture
 - b. monofilament or braided
 - suture c. use of prosthetic
 - materials
14. Describe the name and proper use of operating room instruments and equipment used in the care of patients with acute illnesses and injuries at the Medical Center Hospital.

Patient Care

1. As a prerequisite to beginning the Texas Tech University Health Sciences Center Permian Basin Surgery Rotation at the PGY 3 level, the residents will also be expected to fulfill the Patient care objectives for PGY 1 and PGY 2 residents.
2. Perform, with appropriate supervision, surgical procedures for the management of patients with surgical illness or injuries.
3. Make appropriate incisions to surgically manage patients with surgical illnesses and injuries including, but not limited to those of the:
 - a. head and
 - neck b. chest
 - c. abdomen
 - d. vascular system
 - e. genitourinary system
4. Perform, with appropriate supervision, minimally invasive surgical procedures for patients with surgical illnesses or injuries.
5. Attain appropriate hemostasis in both traditional and minimally invasive surgical procedures.
6. Utilize appropriate techniques for tissue handling and dissection in both traditional and minimally invasive surgical procedures.
7. Perform, with appropriate supervision, procedures for reconstruction after resective procedures including, but not limited to those of the:
 - a. gastrointestinal tract b. genitourinary
 - system c. pancreatobiliary system
 - d. vascular system
8. With appropriate supervision, correctly close surgical incisions.
9. Properly use the operating room instruments and equipment at the Medical Center Hospital.

Professionalism

25. Discuss ethical and legal principals in the management of patients with surgical illnesses and injuries.
26. Describe ethnic and cultural factors which should be considered in the management of patient's with surgical illnesses and injuries.
27. Describe evidence based options and controversies in the clinical management of patients with surgical illnesses and injuries with students and other members of the health care team.

28. Discuss evidence-based recommendations for the management of surgical patients with students

Page 105 of 173

and other members of the health care team.

29. Provide care that is respectful of the diverse characteristics and cultures of their patients.
30. Consult other members of the health care team when confronted with unusual or complex situations.

31. Interact with all members of the health care team in a respectful manner at all times.

32. Adhere to all applicable standards of dress and demeanor
- Interpersonal and Communication Skills**

25. Effectively transfer appropriate information to surgical patients and their families.
26. Effectively educate surgical patients and their families regarding treatment options with the potential risks and benefits of the various options.
27. Effectively transfer clinically relevant information to all members of the healthcare team.
28. Appropriately communicate with physicians, nurses, and other members of the healthcare team in a respectful and professional manner.
29. Document the status of each patient in their care in the medical record daily and after each major change in the patient's clinical status in a timely manner.
30. Participate in multidisciplinary discussions in the care of the surgical patient.
31. Encourage all members of the healthcare team to participate in the treatment plans for the surgical patient.
32. Consult other members of the health care team when confronted with an unusual or complex situation.

Practice Based Learning

1. Critically evaluate the outcomes of each patient in their care to identify opportunities for improvement in the quality of the care provided to the surgical patient.
2. Describe how outcomes data can be used to develop new policies and procedures to improve the outcomes of surgical patients.
3. Describe how the retrospective evaluation of the outcomes of specific groups of patients can be used to evaluate the current policies regarding the care of patients with surgical illnesses and injuries.
4. Maintain a personal portfolio of surgical experience with outcomes and critical evaluation of unexpected or adverse events.

Systems Based Practice

1. Document in accordance with service and hospital policy:
 - a. History and physical examination
 - b. progress notes
 - c. transfer and discharge summaries
 - d. procedure notes
2. Describe systems based elements which have been shown to improve outcomes in patients with surgical illnesses or injuries.
3. Identify the systems based elements available at a tertiary care hospital and describe which surgical procedures for patients with surgical illnesses or injuries can be appropriately performed in this setting.
4. Describe patient factors in patients with surgical illnesses or injuries which might indicate a need for referral to another facility.
5. Assess the availability of other components of the healthcare team in the overall management of patients with surgical illnesses or injuries including, but not limited to:
 - a. Physical therapy
 - b. Occupational therapy
 - c. Psychological counseling
 - d.

6. Summarize the activities of other available members of the healthcare team in the overall management of patients with surgical illnesses or injuries to include the following:
 - a. Physical therapy
 - b. Occupational therapy
 - c. Psychological counseling
 - d. Recreational therapy
 - e. Nursing
7. Utilize effectively system resources to provide appropriate post discharge care.
8. Obtain informed consent in accordance with service and hospital policy from the patient or other designated person prior to performing any invasive procedure
9. Perform and document a "timeout" in accordance with service and hospital policy before all invasive procedures
10. Time and date all medical record entries in accordance with hospital and service policy.
11. Describe and strictly comply with all Residency Review Committee (RRC), State of Texas and Texas Tech University Health Science Center Permian Basin requirements including, but not limited to:
 - a. duty hours
 - b. identification of resident fatigue
 - c. educational requirements
 - d. physician impairment
 - e. sexual misconduct
 - f. unprofessional behavior

PGY 4

Medical Knowledge

1. As a prerequisite to beginning the Texas Tech University Health Sciences Center Permian Basin Surgery Rotation at the PGY 4 level, the residents will be expected to have attained the Knowledge objectives for PGY 1, PGY 2, and PGY 3 residents.
2. Describe options for the non-operative and operative management of surgical illnesses and injuries with an evidence based discussion of the effectiveness and possible complications and long term outcomes of each.
3. Describe the technical aspects of the various surgical procedures which can be used to manage patients with surgical illness or injuries with attention to the anatomy and potential damage to adjacent structures.
4. Describe the possible physiologic consequences of the various surgical procedures for the management of surgical illness or injury with an evidence based discussion of the incidence of these problems and methods to prevent them.
5. Discuss the risks, potential benefits and possible complications of the surgical procedures which can be used to manage surgical illnesses and injuries.
6. Describe the long term consequences of the various surgical options which can be used for the management of patients with surgical illnesses or injuries.
6. Describe the various incisions that can be utilized to surgically manage surgical illnesses and injuries including, but not limited to those of the:
 - a. head and neck
 - b. chest
 - c. abdomen
 - d. vascular system
 - e. genitourinary system
7. Discuss the concept of minimally invasive surgery including, but not limited to:
 - a. advantages
 - b. immunological effects
 - c. costs
 - d. physiologic consequences
 - e. indications

8. Describe the technical aspects of the various minimally invasive surgical procedures which can be used to manage patients with surgical illnesses or injuries.
9. Describe techniques for hemostasis in both traditional and minimally invasive surgical procedures with the effectiveness, limitations and cost of each.
10. Describe techniques of tissue handling and dissection in both traditional and minimally invasive surgical procedures.
11. Describe the various options for reconstruction, with an evidence based discussion of the potential complications and physiologic consequences of each, after resective procedures including, but not limited to those of the:
 - a. gastrointestinal tract
 - b. genitourinary system
 - c. pancreatobiliary system
 - d. vascular system
12. Describe the technical aspects of the various options for reconstruction after resective procedures including, but not limited to:
 - a. hand sewn or mechanical anastomosis
 - b. permanent or absorbable suture
 - c. use of prosthetic materials
13. Describe the technical aspects of closure of the surgical incision including, but not limited to:
 - a. permanent or absorbable suture
 - b. monofilament or braided suture
 - c. use of prosthetic materials
14. Describe the name and proper use of operating room instruments and equipment used in the care of patients with acute illnesses and injuries at the Medical Center Hospital.
15. Describe the skills needed to be an effective leader of the health care team including, but not limited to:
 - a. how to be an effective leader of the healthcare team
 - b. methods to encourage input from members of the healthcare team
 - c. activities to educate members of the health care team
 - d. techniques to effectively communication with team members

members Patient Care

1. As a perquisite to beginning the Texas Tech University Health Sciences Center Permian Basin Surgery Rotation at the PGY 4 level, the residents will also be expected to fulfill the Patient care objectives for PGY 1, PGY 2 and PGY 3 residents.
2. Select and perform, with appropriate supervision, surgical procedures for the management of patients with surgical illness or injuries.
3. Make appropriate incisions to surgically manage patients with surgical illnesses and injuries including, but not limited to those of the:
 - a. head and neck
 - b. chest
 - c. abdomen
 - d. vascular system
 - e. genitourinary system
4. Perform, with appropriate supervision, minimally invasive surgical procedures for patients with surgical illnesses or injuries.
5. Attain appropriate hemostasis in both traditional and minimally invasive surgical procedures.
6. Utilize appropriate techniques for tissue handling and dissection in both traditional and minimally invasive surgical procedures.
7. Perform, with appropriate supervision, procedures for reconstruction after resective procedures including, but not limited to those of the:
 - a. gastrointestinal tract
 - b. genitourinary system
 - c. pancreatobiliary system
 - d. vascular system

8. With appropriate supervision, correctly close surgical incisions.
9. Properly use the operating room instruments and equipment at the Medical Center Hospital.

Page 108 of 173

10. With appropriate supervision, provide effective leadership of the healthcare team, including, but not limited to:
 - a. leading by example
 - b. encouraging input from members of the healthcare team
 - c. educating members of the health care team
 - d. providing appropriate supervision of the activities of the healthcare team
 - e. effectively communicating with team members
 - f. accepting responsibility for the activities of the healthcare team

team Professionalism

17. Discuss ethical and legal principals in the management of patients with surgical illnesses and injuries.
18. Describe ethnic and cultural factors which should be considered in the management of patient's with surgical illnesses and injuries.
19. Describe evidence based options and controversies in the clinical management of patients with surgical illnesses and injuries with students and other members of the health care team.
20. Discuss evidence-based recommendations for the management of surgical patients with students and other members of the health care team.
21. Provide care that is respectful of the diverse characteristics and cultures of their patients.
22. Consult other members of the health care team when confronted with unusual or complex situations.
23. Interact with all members of the health care team in a respectful manner at all times.
24. Adhere to all applicable standards of dress and demeanor

Interpersonal and Communication Skills

17. Effectively transfer appropriate information to patients with surgical illnesses and injuries and their families.
18. Effectively educate patients with surgical illnesses and injuries and their families regarding treatment options with the potential risks and benefits of the various options.
19. Effectively transfer clinically relevant information to all members of the healthcare team.
20. Appropriately communicate with physicians, nurses, and other members of the healthcare team in a respectful and professional manner.
21. Document the status of each assigned patient in the medical record daily and after each major change in the patient's clinical status in a timely manner.
22. Participate in multidisciplinary discussions in the care of patients with surgical illnesses and injuries.
23. Encourage all members of the healthcare team to participate in the treatment plans for patients with surgical illnesses and injuries.
24. Consult other members of the health care team when confronted with an unusual or complex situation.

Practice Based Learning

1. Critically evaluate the outcomes of each patient to identify opportunities for improvement in the quality of the care provided to the surgery patient.
2. Describe how outcomes data can be used to develop new policies and procedures to improve the outcomes of patients with surgical illnesses and injuries.

3. Describe how the retrospective evaluation of the outcomes of specific groups of patients can be used to evaluate the current policies regarding the care of patients with surgical illnesses or injuries.
4. Maintain a personal portfolio of experience with patients with surgical illnesses and injuries including outcomes and critical evaluation of unexpected or adverse events.

Systems Based Practice

1. Document in accordance with service and hospital policy:
 - a. History and physical examination
 - b. progress notes
 - c. transfer and discharge summaries
 - d. procedure notes
2. Describe systems based elements which have been shown to improve outcomes in patients with surgical illnesses and injuries.
3. Identify the systems based elements available at a tertiary care hospital and describe which patients with surgical illnesses and injuries require these elements.
4. Describe patient factors in patients with surgical illnesses or injuries which might indicate a need for referral to another facility.
5. Assess the availability of other components of the healthcare team in the overall management of patients with surgical illnesses and injuries including, but not limited to:
 - a. Physical therapy
 - b. Occupational therapy
 - c. Psychological counseling
 - d. Recreational therapy
 - e. Nursing
6. Summarize the activities of other available members of the healthcare team in the overall management of patients with surgical illnesses and injuries to include the following:
 - a. Physical therapy
 - b. Occupational therapy
 - c. Psychological counseling
 - d. Recreational therapy
 - e. Nursing
7. Utilize system resources effectively to provide appropriate post discharge care.
8. Obtain informed consent in accordance with service and hospital policy from the patient or other designated person prior to performing any invasive procedure
9. Perform and document a "timeout" in accordance with service and hospital policy before all invasive procedures
10. Time and date all medical record entries in accordance with hospital and service policy.
11. Describe and strictly comply with all Residency Review Committee (RRC), State of Texas and Texas Tech University Health Sciences Center requirements including, but not limited to:
 - a. duty hours
 - b. identification of resident fatigue
 - c. educational requirements
 - d. physician impairment
 - e. sexual misconduct
 - f. unprofessional behavior

PGY 5 (Chief Resident)

Medical Knowledge

1. As a prerequisite to beginning the Texas Tech University Health Science Center Surgery Rotation at the PGY 5 level, the residents will be expected to have attained the Knowledge objectives for PGY 1, PGY 2, PGY 3, and PGY 4

- residents.
2. Describe options for the non-operative and operative management of surgical illnesses and injuries with an evidence based discussion of the effectiveness and possible complications and long term consequences of each.

3. Describe the technical aspects of the various surgical procedures which can be used to manage patients with surgical illness or injuries with attention to the anatomy and potential damage to adjacent structures.
4. Describe the possible physiologic consequences of the various surgical procedures for the management of surgical illness or injury with an evidence based discussion of the incidence of these problems and methods to prevent them.
5. Discuss the risks, potential benefits and possible complications of the surgical procedures which can be used to manage surgical illnesses and injuries.
6. Describe the long term outcomes of the various surgical options which can be used for the management of patients with surgical illnesses or injuries.
6. Describe the various incisions that can be utilized to surgically manage surgical illnesses and injuries including, but not limited to those of the:
 - a. head and neck
 - b. chest
 - c. abdomen
 - d. vascular system
 - e. genitourinary system
7. Discuss the concept of minimally invasive surgery including, but not limited to:
 - a. physiologic consequences
 - b. advantages
 - c. immunological effects
 - d. costs
 - e. indications
8. Describe the technical aspects of the various minimally invasive surgical procedures which can be used to manage patients with surgical illnesses or injuries.
9. Describe techniques for hemostasis in both traditional and minimally invasive surgical procedures with the effectiveness, limitations and cost of each.
10. Describe techniques of tissue handling and dissection in both traditional and minimally invasive surgical procedures.
11. Describe the various options for reconstruction, with an evidence based discussion of the potential complications and physiologic consequences of each, after resective procedures including, but not limited to those of the:
 - a. gastrointestinal tract
 - b. genitourinary system
 - c. pancreatobiliary system
 - d. vascular system
12. Describe the technical aspects of the various options for reconstruction after resective procedures including, but not limited to:
 - a. hand sewn or mechanical anastomosis
 - b. permanent or absorbable suture
 - c. use of prosthetic materials
13. Describe the technical aspects of closure of the surgical incision including, but not limited to:
 - a. permanent or absorbable suture
 - b. monofilament or braided suture
 - c. use of prosthetic materials
14. Describe the name and proper use of operating room instruments and equipment used in the care of patients with acute illnesses and injuries at the Medical Center Hospital.
15. Describe the skills needed to be an effective leader of the health care team including, but not limited to:
 - a. how to be an effective leader of the healthcare team
 - b. methods to encourage input from members of the healthcare team
 - c. activities to educate members of the health care team
 - d. techniques to effectively communication with team members

members **Patient Care**

1. As a prerequisite to beginning the Texas Tech University Health Sciences Center Surgery Rotation at the PGY 5 level, the residents will also be expected to fulfill the Patient Care objectives for PGY 1, PGY 2, PGY 3 and PGY 4 residents.
2. Select and perform, with appropriate supervision, surgical procedures for the management of patients with surgical illness or injuries.
4. Make appropriate incisions to surgically manage patients with surgical illnesses and injuries including, but not limited to those of the:
 - a. head and neck
 - b. chest
 - c. abdomen
 - d. vascular system
 - e. genitourinary system
5. Perform, with appropriate supervision, minimally invasive surgical procedures for patients with surgical illnesses or injuries.
6. Attain appropriate hemostasis in both traditional and minimally invasive surgical procedures.
7. Utilize appropriate techniques for tissue handling and dissection in both traditional and minimally invasive surgical procedures.
8. Perform, with appropriate supervision, procedures for reconstruction after resective procedures including, but not limited to those of the:
 - a. gastrointestinal tract
 - b. genitourinary system
 - c. pancreatobiliary system
 - d. vascular system
9. With appropriate supervision, correctly close surgical incisions.
10. Properly use the operating room instruments and equipment at the Medical Center Hospital.
11. With appropriate supervision, provide effective leadership of the healthcare team, including, but not limited to:
 - a. leading by example
 - b. encouraging input from members of the healthcare team
 - c. educating members of the health care team
 - d. providing appropriate supervision of the activities of the healthcare team
 - e. effectively communicating with team members
 - f. accepting responsibility for the activities of the healthcare team

Professionalism

9. Discuss ethical and legal principals in the management of patients with surgical illnesses and injuries.
10. Describe ethnic and cultural factors which should be considered in the management of patient's with surgical illnesses and injuries.
11. Describe evidence based options and controversies in the clinical management of patients with surgical illnesses and injuries with students and other members of the health care team.
12. Discuss evidence-based recommendations for the management of patients with surgical illnesses and injuries with students and other members of the health care team.
13. Provide care that is respectful of the diverse characteristics and cultures of their patients.
14. Consult other members of the health care team when confronted with unusual or complex situations.
15. Interact with all members of the health care team in a respectful manner at all times.
16. Adhere to all applicable standards of dress and demeanor

Interpersonal and Communication Skills

9. Effectively transfer appropriate information to patients with surgical illnesses and injuries and their families.

10. Effectively educate patients with surgical illnesses and injuries and their families regarding treatment options with the potential risks and benefits of the various options.
11. Effectively transfer clinically relevant information to all members of the healthcare team.
12. Appropriately communicate with physicians, nurses, and other members of the healthcare team in a respectful and professional manner.
13. Document the status of each assigned patient in the medical record daily and after each major change in the patient's clinical status in a timely manner.
14. Participate in multidisciplinary discussions in the care of patients with surgical illnesses and injuries.
15. Encourage all members of the healthcare team to participate in the treatment plans for patients with surgical illnesses and injuries.
16. Consult other members of the health care team when confronted with an unusual or complex situation.

Practice Based Learning

1. Critically evaluate the outcomes of each patient to identify opportunities for improvement in the quality of the care provided to the surgical patient.
2. Describe how outcomes data can be used to develop new policies and procedures to improve the outcomes of patients with surgical illnesses and injuries.
3. Describe how the retrospective evaluation of the outcomes of specific groups of patients can be used to evaluate the current policies regarding the care of patients with surgical illnesses or injuries.
4. Maintain a personal portfolio of experience with patients with surgical illnesses and injuries including outcomes and critical evaluation of unexpected or adverse events.

Systems Based Practice

1. Document in accordance with service and hospital policy:
 - a. History and physical examination
 - b. progress notes
 - c. transfer and discharge summaries
 - d. procedure notes
2. Describe systems based elements which have been shown to improve outcomes in patients with surgical illnesses and injuries.
3. Identify the systems based elements available at a tertiary care hospital and describe which patients with surgical illnesses and injuries require these elements.
4. Describe patient factors in patients with surgical illnesses or injuries which might indicate a need for referral to another facility.
5. Assess the availability of other components of the healthcare team in the overall management of patients with surgical illnesses and injuries including, but not limited to:
 - a. Physical therapy
 - b. Occupational therapy
 - c. Psychological counseling
 - d. Recreational therapy
 - e. Nursing
6. Summarize the activities of other available members of the healthcare team in the overall management of patients with surgical illnesses and injuries to include the following:
 - a. Physical therapy
 - b. Occupational therapy
 - c. Psychological counseling
 - d. Recreational therapy

e. Nursing

7. Utilize system resources effectively to provide appropriate post discharge care.

8. Obtain informed consent in accordance with service and hospital policy from the patient or other designated person prior to performing any invasive procedure
9. Perform and document a “timeout” in accordance with service and hospital policy before all invasive procedures
10. Time and date all medical record entries in accordance with hospital and service policy.
11. Describe and strictly comply with all Residency Review Committee (RRC), State of Texas and Texas Tech University Health Sciences Center requirements including, but not limited to:
 - a. duty hours
 - b. identification of resident fatigue
 - c. educational requirements
 - d. physician impairment
 - e. sexual misconduct
 - f. unprofessional behavior
12. Create duty schedules which comply with all Residency Review Committee (RRC), State of Texas and Texas Tech University Health Sciences Center requirements including, but not limited to:
 - a. duty hours
 - b. vacation time
 - c. medical leave
 - d. educational activities

**Texas Tech University Health Science Center Permian
Basin Outpatient Clinics
All rotations**

Goals

1. Demonstrate the ability to effectively manage the care of a patient with surgical illness or injuries in the outpatient setting including preoperative evaluation and postoperative care.
2. Demonstrate the knowledge and ability to manage a variety of healthcare services for acutely ill or injured patients in the outpatient setting including but not limited to:
 - a. rehabilitation
 - b. long-term care
 - c. screening for surgical conditions (cancer, vascular disease, etc)
 - d. long-term follow-up of patients with malignant diseases
 - e. end of life care (hospice, etc)
3. Develop the knowledge and skills necessary to independently evaluate and manage patients with surgical illnesses or injuries in the outpatient setting.

Objectives

s PGY 1

Medical Knowledge

1. Discuss the anatomy and physiology of the abdominal wall, stomach, small intestine, colon, hepatobiliary system, pancreas, vascular system, integument, breast, neurologic and endocrine system in adult and geriatric patients.
2. Discuss the pathophysiology and natural history of surgical illnesses and injuries of the abdominal wall, stomach, small intestine, colon, hepatobiliary system, pancreas, vascular system, integument, breast, neurologic and endocrine system in adult and geriatric patients.
3. Discuss the symptoms, signs and clinical findings suggestive of surgical illnesses and injuries of abdominal wall, stomach, small intestine, colon, hepatobiliary system, pancreas, vascular system, integument, breast, neurologic and endocrine system diseases in adult and geriatric patients.
4. Discuss the various laboratory and radiology studies that can be used in the outpatient evaluation of surgical illnesses and injuries of the abdominal wall, stomach, small intestine, colon, hepatobiliary system, pancreas, vascular system, integument, breast, neurologic and endocrine system.
5. Discuss the general principles of the hormonal response to surgical illnesses and injuries with the potential metabolic and physiologic consequences in adult and geriatric patients and options for the management of these changes.
6. Describe the options for the management of comorbid conditions in adult and geriatric patients with surgical illnesses and injuries including but not limited to:
 - a. diabetes
 - b. pulmonary diseases
 - c. cardiac diseases
 - d. renal disease
 - e. coagulopathy
 - f. malnutrition
 - g. immunosuppression
7. Discuss options in the management of abnormalities of fluid, electrolytes and coagulation that may be associated with surgical illnesses and injuries.
8. Identify the risk factors associated with morbidity and mortality in adult and geriatric patients with surgical illnesses and injuries and methods to manage these factors.
9. Describe the symptoms, signs and physical findings suggestive of possible

complications of surgical illnesses and injuries.

Page 115 of 173

10. Discuss the options for deep venous thrombosis prophylaxis, antibiotics and cardiac risk prophylaxis for patients with surgical illnesses.
11. Discuss surgical conditions that can be managed in the outpatient setting.
12. Discuss options for the outpatient management of pain in patients with surgical illnesses and injuries.
13. Describe surgical options for the outpatient management of patients with surgical illnesses and injuries.
14. Discuss the indications, and possible complications of diagnostic and therapeutic rigid and flexible endoscopic office procedures on patients with surgical illnesses and injuries including but not limited to:
 - a. laryngotracheoscopy
 - b. proctosigmoidoscopy
15. Discuss outpatient follow up and rehabilitation for patients with surgical illnesses and injuries including, but not limited to:
 - a. wound care restrictions
 - b. dietary drain care
 - c. stoma care
 - d. reconditioning
 - e. clinic visits
 - f. pain management
 - g. counseling
 - h. maintenance of health
 - i. further evaluation and treatments
16. Describe methods for providing anesthesia for patients undergoing office based surgical procedures with the names of the agents used, the route of administration and the toxicities and possible complications of each.

Patient Care

1. Using an evidence based review of the literature, provide appropriate outpatient evaluation, treatment and monitoring of patients with surgical illnesses and injuries.
2. Select and apply appropriate dressings and antibacterials.
3. Using an evidence based review of the literature, appropriately manage in the outpatient setting the systemic effects of surgical illness or injury, including, but not limited to:
 - a. Gastrointestinal problems
 - b. Immunologic problems
 - c. Cardio-respiratory problems
 - d. Nutritional problems
4. Provide appropriate wound care in the outpatient setting including, but not limited to:
 - a. surgical and enzymatic debridement of infected and necrotic tissues
 - b. vacuum assisted wound closure
5. Provide acceptable management of pain in the outpatient setting.
6. Perform an accurate problem specific physical examination on each patient and document the results of each outpatient encounter including diagnosis and therapeutic plans.
7. Maintain a current problem list on each patient with therapeutic plans.
8. Promptly evaluate and report to appropriate members of the health care team all unexpected or adverse events identified in the outpatient setting.
9. Satisfactorily perform diagnostic and therapeutic flexible laryngotracheoscopy and flexible proctosigmoidoscopy in the outpatient setting.
10. Coordinate the outpatient postoperative follow up and rehabilitation for patients with surgical illnesses and injuries including, but not limited to:
 - a. wound care
 - b. dietary

restrictions b.	drain care	c.
stoma care		
d. reconditioning	e. clinic visits	
f. pain management	g. maintenance of	
counseling h.		
health		

i. further evaluation and treatments

11. Provide appropriate anesthesia for patients undergoing office based surgical procedures. **Professionalism**

49. Discuss ethical and legal principals in the outpatient management of patients with surgical illnesses and injuries.
50. Describe ethnic and cultural factors which should be considered in the outpatient management of patient's with surgical illnesses and injuries.
51. Describe evidence based options and controversies in the outpatient management of patients with surgical illnesses and injuries with students and other members of the health care team.
52. Discuss evidence-based recommendations for the outpatient management of patients with surgical illnesses or injuries with students and other members of the health care team.
53. Provide care in the outpatient setting that is respectful of the diverse characteristics and cultures of their patients.
54. Consult other members of the health care team when confronted with unusual or complex situations in the outpatient setting.
55. Interact with all members of the health care team in a respectful manner at all times.
56. Adhere to all applicable standards of dress and

demeanor **Interpersonal and Communication Skills**

41. In the outpatient setting, effectively transfer appropriate information to patients with surgical illnesses and injuries and their families.
42. In the outpatient setting, effectively educate patients with surgical illnesses and injuries and their families regarding treatment options with the potential risks and benefits of the various options.
43. Effectively transfer clinically relevant information to all members of the healthcare team in the outpatient setting.
44. Appropriately communicate with physicians, nurses, and other members of the healthcare team in a respectful and professional manner.
45. Document the status of each assigned patient in the medical record after each outpatient encounter.
46. Participate in the outpatient discussions of the evaluation and management patients with surgical illnesses and injuries.
47. Encourage all members of the outpatient healthcare team to participate in the treatment plans for patients with surgical illnesses and injuries.
48. Consult other members of the outpatient health care team when confronted with an

unusual or

complex situation. **Practice Based**

Learning

1. Critically evaluate the outcomes of each patient managed in the outpatient setting to identify opportunities for improvement in the quality of the surgical care provided to patients with surgical illnesses and injuries.
2. Describe how outcomes data can be used to develop new policies and procedures to improve the surgical outcomes of patients managed in the outpatient setting.

3. Describe how the retrospective evaluation of the outcomes of specific groups of patients can be used to evaluate the current policies regarding the outpatient evaluation and management of patients with surgical illnesses or injuries.
4. Maintain a personal portfolio of outpatient experience with patients with surgical illnesses and injuries including outcomes and the critical evaluation of unexpected or adverse events.

Systems Based Practice

1. Document in accordance with service policy, the results of an accurate problem specific physical examination; the diagnosis and therapeutic plans of each patient after an outpatient encounter.
2. Describe outpatient based elements which have been shown to improve outcomes in patients with surgical illnesses and injuries.
3. Identify the outpatient based elements available and describe which patients with surgical illnesses and injuries would benefit from these elements.
4. Describe patient factors in patients with surgical illnesses or injuries which might indicate a need for admission to an inpatient facility.
5. Assess the availability of other components of the healthcare team in the overall management of patients with surgical illnesses and injuries including, but not limited to:
 - a. Physical therapy
 - b. Occupational therapy
 - c. Psychological counseling
 - d. Recreational therapy
 - e. Nursing
6. Summarize the activities of other available members of the outpatient healthcare team in the overall management of patients with surgical illnesses and injuries to include the following:
 - a. Physical therapy
 - b. Occupational therapy
 - c. Psychological counseling
 - d. Recreational therapy
 - e. Nursing
7. Utilize outpatient resources effectively to provide appropriate post discharge care.
8. Obtain informed consent in accordance with service and hospital policy from the patient or other designated person prior to performing any invasive procedure in the outpatient setting.
9. Perform and document a "timeout" in accordance with service policy before all invasive procedures in the outpatient setting
10. Time and date all medical record entries in accordance with service policy.
11. Describe and strictly comply with all Residency Review Committee (RRC), State of Texas and Texas Tech University Health Sciences Center requirements including, but not limited to:
 - a. duty hours
 - b. identification of resident
 - c. educational requirements
 - d. physician impairment
 - e. sexual misconduct
 - f. unprofessional behavior

PGY 2

Medical Knowledge

1. Discuss the anatomy and physiology of the abdominal wall, stomach, small intestine, colon, hepatobiliary system, pancreas, vascular system, integument, breast, and endocrine system in adult and geriatric patients.
2. Discuss the pathophysiology and natural history of surgical illnesses and injuries

of the abdominal wall, stomach, small intestine, colon, hepatobiliary system, pancreas, vascular system, integument, breast, and endocrine system in adult and geriatric patients.

Page 118 of 173

3. Discuss possible variations in the symptoms, signs and clinical findings suggestive of surgical illnesses and injuries of abdominal wall, stomach, small intestine, colon, hepatobiliary system, pancreas, vascular system, integument, breast, and endocrine system diseases in adult and geriatric patients.
4. Discuss the various outpatient laboratory and radiology studies that can be used in the evaluation of acute illnesses and injuries of the abdominal wall, stomach, small intestine, colon, hepatobiliary system, pancreas, vascular system, integument, breast, and endocrine system with an evidence based discussion of the accuracy of each.
5. Discuss the outpatient management of the hormonal response to surgical illnesses and injuries with the potential metabolic and physiologic consequences in adult and geriatric patients and options for the management of these changes with an evidence based discussion of the effectiveness and possible complications of each.
6. Describe the options for the outpatient evaluation and management of comorbid conditions with evidence based discussion of the effectiveness and possible complications of each in adult and geriatric patients with surgical illnesses and injuries including but not limited to:
 - a. diabetes
 - b. pulmonary diseases
 - c. cardiac diseases
 - d. renal disease
 - e. coagulopathy
 - f. malnutrition
 - g. immunosuppression
7. Discuss options for the outpatient management of the abnormalities of fluid, electrolytes and coagulation that may be associated with surgical illnesses and injuries.
8. Identify the risk factors associated with morbidity and mortality in adult and geriatric patients with surgical illnesses and injuries and methods to manage these factors in the outpatient setting.
9. Describe the symptoms, signs and physical findings suggestive of possible complications of surgical illnesses and injuries which can be identified in the outpatient setting.
10. Discuss the outpatient options for deep venous thrombosis prophylaxis, antibiotics and cardiac risk prophylaxis for patients with surgical illnesses and injuries with an evidence based discussion of the effectiveness and possible complications of each.
11. Discuss options for the outpatient management of pain in the surgical patient with an evidence based discussion of the effectiveness and possible complications of each.
12. Describe options for the office management of surgical illnesses and injuries.
13. Discuss the indications for and the possible complications of diagnostic and therapeutic rigid and flexible endoscopic procedures on patients with surgical illnesses and injuries including but not limited to:
 - a. laryngotracheoscopy
 - b. proctosigmoidoscopy
14. Discuss outpatient followup and rehabilitation for patients with surgical illnesses and injuries including, but not limited to:

<ol style="list-style-type: none"> a. wound care restrictions b. stoma care d. reconditioning f. pain management counseling 	<ol style="list-style-type: none"> b. dietary drain care c. e. clinic visits g. maintenance of
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health

i. further evaluation and treatments

15. Describe methods for providing anesthesia for patients undergoing office based surgical procedures with the names of the agents used, the route of administration and the toxicities and possible complications of each.

Patient Care

Page 119 of 173

1. As a prerequisite to beginning the outpatient care at the PGY 2 level, the residents will be expected to fulfill the Patient Care objectives for PGY 1 residents.
2. Using an evidence based review of the literature, provide appropriate outpatient evaluation, treatment and monitoring of patients with surgical illnesses and injuries.
3. Select and apply appropriate dressings and antibacterials in the outpatient setting.
4. Using an evidence based review of the literature, appropriately manage the systemic effects of surgical illness or injury in the outpatient setting, including but not limited to
 - a. Gastrointestinal problems
 - b. Immunologic problems
 - c. Cardio-respiratory problems
 - d. Nutritional problems
5. Provide appropriate outpatient wound care including, but not limited to:
 - a. surgical and enzymatic debridement of infected and necrotic tissues
 - b. vacuum assisted wound closure
6. Provide acceptable outpatient management of pain.
7. Perform an accurate problem specific physical examination and document the results after each outpatient encounter.
8. Maintain a current problem list on each outpatient with therapeutic plans.
9. Promptly evaluate and report to appropriate members of the health care team all unexpected or adverse events encountered in the outpatient setting.
10. Satisfactorily perform in office diagnostic and therapeutic flexible laryngotracheoscopy and flexible proctosigmoidoscopy on ill or injured patients.
11. Coordinate outpatient follow up and rehabilitation for patients with surgical illnesses and injuries including, but not limited to:
 - a. wound care
 - b. dietary restrictions
 - c. stoma care
 - d. drain care
 - e. reconditioning
 - f. clinic visits
 - g. pain management
 - h. counseling
 - i. maintenance of health
 - j. further evaluation and treatments
12. Provide appropriate and effective anesthesia for patients undergoing office based surgical. **Professionalism**
57. Discuss ethical and legal principals in the outpatient management of patients with surgical illnesses and injuries.
58. Describe ethnic and cultural factors which should be considered in the outpatient management of patients with surgical illnesses and injuries.
59. Describe evidence based outpatient options and controversies in the evaluation and management of patients with surgical illnesses and injuries with students and other members of the health care team.
60. Discuss evidence-based recommendations for the outpatient management of patients with surgical illnesses or injuries with students and other members of the health care team.
61. Provide office based care that is respectful of the diverse characteristics and cultures of their patients.
62. Consult other members of the health care team when confronted in the outpatient setting with unusual or complex situations.
63. Interact with all members of the outpatient health care team in a respectful manner at all

times.

64. Adhere to all applicable standards of dress and demeanor **Interpersonal and Communication Skills**

Page 120 of 173

49. In the outpatient setting, effectively transfer appropriate information to patients with surgical illnesses and injuries and their families.
50. In the outpatient setting, effectively educate patients with surgical illnesses and injuries and their families regarding treatment options with the potential risks and benefits of the various options.
51. Effectively transfer clinically relevant information to all members of the outpatient healthcare team.
52. Appropriately communicate with physicians, nurses, and other members of the outpatient healthcare team in a respectful and professional manner.
53. Document the status of each assigned patient in the medical record after each outpatient encounter.
54. Participate in outpatient discussions in the care of the patient with a surgical illness or injury.
55. Encourage all members of the outpatient healthcare team to participate in the treatment plans for patients with surgical illnesses and injuries.
56. Consult other members of the outpatient health care team when confronted with an unusual or complex situation.

Practice Based

Learning

1. Critically evaluate the outcomes of each patient evaluated and managed in the outpatient setting to identify opportunities for improvement in the quality of the care provided to the patient.
2. Describe how outcomes data can be used to develop new policies and procedures to improve the outcomes of patients with surgical illnesses and injuries managed in the outpatient setting.
3. Describe how the retrospective evaluation of the outcomes of specific groups of patients can be used to evaluate the current policies regarding the outpatient evaluation and management of patients with surgical illnesses or injuries.
4. Maintain a personal portfolio of experience with the outpatient evaluation and management of ill or injured patients including outcomes and critical evaluation of unexpected or adverse events.

Systems Based Practice

1. Document in accordance with service policy, the results of an accurate problem specific physical examination; the diagnosis and therapeutic plans of each patient after an outpatient encounter.
2. Describe outpatient based elements which have been shown to improve outcomes in patients with surgical illnesses and injuries.
3. Identify the outpatient based elements available and describe which patients with surgical illnesses and injuries require these elements.
4. Describe patient factors in patients with surgical illnesses or injuries which might indicate a need admission for evaluation and management.
5. Assess the availability of other components of the outpatient healthcare team in the overall management of the ill or injured patient including, but not limited to:
 - a. Physical therapy
 - b. Occupational therapy
 - c. Psychological counseling
 - d. Recreational therapy
 - e. Nursing
6. Summarize the activities of other available members of the outpatient healthcare team in the overall management of patients with surgical illnesses and injuries to include the following:

- a. Physical therapy
- b. Occupational therapy

Page 121 of 173

- c. Psychological counseling
 - d. Recreational therapy
 - e. Nursing
7. Utilize effectively system resources to provide appropriate outpatient care.
 8. Obtain informed consent in accordance with service policy from the patient or other designated person prior to performing any invasive procedure in the office setting.
 9. Perform and document a "timeout" in accordance with service policy before all invasive procedures in the office setting.
 10. Time and date all medical record entries in accordance with service policy.
 11. Describe and strictly comply with all Residency Review Committee (RRC), State of Texas and Texas Tech University Health Sciences Center requirements including, but not limited to:
 - a. duty hours
 - b. identification of resident fatigue
 - c. educational requirements
 - d. physician impairment
 - e. sexual misconduct
 - f. unprofessional behavior

PGY 3

Medical Knowledge

1. As a prerequisite to providing care in the outpatient setting at the PGY 3 level, the residents will be expected to have attained the Medical Knowledge objectives for PGY 1 and PGY 2 residents.
2. Describe outpatient options for the non-operative and operative management of surgical illnesses and injuries with an evidence based discussion of the effectiveness and possible complications and long term outcomes of each.
3. Describe the technical aspects of the various surgical procedures which can be used to manage patients with surgical illness or injuries in the outpatient setting with attention to the anatomy and potential damage to adjacent structures.
4. Describe the possible physiologic consequences of the various surgical procedures which can be performed in the office setting for the management of surgical illness or injury with an evidence based discussion of the incidence of these problems and methods to prevent them.
5. Discuss the risks, potential benefits and possible complications of the office based surgical procedures which can be used to manage surgical illnesses and injuries.
6. Describe the long term outcomes of the various surgical options which can be used for the outpatient management of patients with surgical illnesses or injuries.
7. Describe the various incisions that can be utilized to surgically manage patients with surgical illnesses and injuries in the office setting.
8. Describe the technical aspects of the various surgical procedures which can be used in the outpatient setting to manage patients with surgical illnesses or injuries.
9. Describe techniques for hemostasis in the outpatient setting with the effectiveness and limitations of each.
10. Describe techniques of tissue handling and dissection in office based surgical procedures.
11. Describe the various options for reconstruction, with an evidence based discussion of the potential complications and physiologic consequences of each, after resective procedures performed in the office setting.
12. Describe the technical aspects of closure of the surgical incision performed in the outpatient setting including, but not limited to:
 - a. permanent or absorbable suture
 - b. monofilament or braided suture
 - c. use of

prosthetic materials

Page 122 of 173

13. Describe the name and proper use of the instruments and equipment used in the outpatient care of patients with surgical illnesses and injuries.
14. Describe methods for providing anesthesia for patients undergoing office based surgical procedures with the names of the agents used, the route of administration and the toxicities and possible complications of each.

Patient Care

1. As a prerequisite to beginning the outpatient experience at the PGY 3 level, the residents will also be expected to fulfill the Patient care objectives for PGY 1 and PGY 2 residents.
2. Perform, with appropriate supervision, surgical procedures in the office setting, for the management of patients with surgical illness or injuries.
3. Make appropriate incisions in the office setting to surgically manage patients with surgical illnesses and injuries.
4. Attain appropriate hemostasis during invasive surgical procedures performed in the outpatient setting.
5. Utilize appropriate techniques for tissue handling and dissection in invasive surgical procedures performed in the office setting.
6. Provide appropriate anesthesia for patients undergoing office based surgical procedures.
7. With appropriate supervision, correctly close surgical incisions after completion of office based surgical procedures.
8. Properly use the instruments and equipment in the outpatient

Professionalism

33. Discuss ethical and legal principals in the outpatient management of patients with surgical illnesses and injuries.
34. Describe ethnic and cultural factors which should be considered in the outpatient management of patient's with surgical illnesses and injuries.
35. Describe evidence based options and controversies in the outpatient evaluation and management of patients with surgical illnesses and injuries with students and other members of the health care team.
36. Discuss evidence-based recommendations for the outpatient management of surgical patients with students and other members of the health care team.
37. Provide outpatient evaluation and management that is respectful of the diverse characteristics and cultures of their patients.
38. Consult other members of the outpatient health care team when confronted with unusual or complex situations.
39. Interact with all members of the outpatient health care team in a respectful manner at all times.
40. Adhere to all applicable standards of dress and demeanor

Interpersonal and Communication Skills

33. In the outpatient setting, effectively transfer appropriate information to patients with surgical illnesses and injuries and their families.
34. In the outpatient setting, effectively educate patients with surgical illnesses and injuries and their families regarding treatment options with the potential risks and benefits of the various options.
35. Effectively transfer clinically relevant information to all members of the outpatient healthcare team.
36. Appropriately communicate with physicians, nurses, and other members of the outpatient healthcare team in a respectful and professional manner.

37. Document the status of each patient in their care in the medical record daily after each outpatient encounter.
38. Participate in outpatient discussions in the care of patients with surgical illnesses and injuries.
39. Encourage all members of the outpatient healthcare team to participate in the treatment plans for patients with surgical illnesses and injuries.
40. Consult other members of the outpatient health care team when confronted with an unusual or

complex

situation. **Practice Based**

Learning

1. Critically evaluate the outcomes of each patient in their care evaluated and managed in the outpatient setting to identify opportunities for improvement in the quality of the care provided to the patient.
2. Describe how outcomes data can be used to develop new policies and procedures to improve the outcomes of surgical patients evaluated and managed in the outpatient setting.
3. Describe how the retrospective evaluation of the outcomes of specific groups of patients can be used to evaluate the current policies regarding the outpatient evaluation and management of patients with surgical illnesses.
4. Maintain a personal portfolio of outpatient evaluation and management experience with outcomes and critical evaluation of unexpected or adverse events.

Systems Based Practice

1. Document in accordance with service policy the results of an accurate problem specific physical examination; the diagnosis and therapeutic plans of each patient after an outpatient encounter.
2. Describe outpatient based elements which have been shown to improve outcomes in patients with surgical illnesses and injuries.
3. Identify the outpatient based elements available at a tertiary care hospital and describe which surgical procedures for patients with surgical illnesses and injuries can be appropriately performed in this setting.
4. Describe patient factors in patients with surgical illnesses or injuries which might indicate a need for inpatient evaluation and management.
5. Assess the availability of other components of the outpatient healthcare team in the overall management of patients with surgical illnesses and injuries including, but not limited to:
 - a. Physical therapy
 - b. Occupational therapy
 - c. Psychological counseling
 - d. Recreational therapy
 - e. Nursing
6. Summarize the activities of other available members of the outpatient healthcare team in the overall management of patients with surgical illnesses and injuries to include the following:
 - a. Physical therapy
 - b. Occupational therapy
 - c. Psychological counseling
 - d. Recreational therapy
 - e. Nursing
7. Utilize effectively system resources to provide appropriate outpatient evaluation and management.
8. Obtain informed consent in accordance with service policy from the patient or other designated person prior to performing any invasive procedure in the

- office setting.
9. Perform and document a “timeout” in accordance with service policy before all invasive procedures performed in the office setting.
 10. Time and date all medical record entries in accordance with service policy.

11. Describe and strictly comply with all Residency Review Committee (RRC), State of Texas and Texas Tech University Health Sciences Center requirements including, but not limited to:
 - a. duty hours
 - b. identification of resident fatigue
 - c. educational requirements
 - d. physician impairment
 - e. sexual misconduct
 - f. unprofessional behavior

PGY 4

Medical Knowledge

1. As a prerequisite to beginning the outpatient experience at the PGY 4 level, the residents will be expected to have attained the Medical Knowledge objectives for PGY 1, PGY 2, and PGY 3 residents.
2. Describe options for the non-operative and operative, outpatient evaluation and management of surgical illnesses and injuries with an evidence based discussion of the effectiveness and possible complications and long term outcomes of each.
3. Describe the technical aspects of the various surgical procedures which can be used in the outpatient setting to manage patients with surgical illness or injuries with attention to the anatomy and potential damage to adjacent structures.
4. Describe the possible physiologic consequences of the various office based surgical procedures for the management of surgical illness or injury with an evidence based discussion of the incidence of these problems and methods to prevent them.
5. Discuss the risks, potential benefits and possible complications of the office based surgical procedures which can be used to manage surgical illnesses and injuries.
6. Describe the long term consequences of the various office based surgical options which can be used for the management of patients with surgical illnesses or injuries.
6. Describe the various incisions that can be utilized to surgically manage surgical illnesses and injuries in the office setting.
7. Describe the technical aspects of the various office based surgical procedures which can be used to manage patients with surgical illnesses or injuries.
9. Describe techniques for hemostasis for office based invasive surgical procedures with the effectiveness and limitations of each.
10. Describe techniques of tissue handling and dissection in office based surgical procedures.
11. Describe the various options for reconstruction, with an evidence based discussion of the potential complications and physiologic consequences of each, after office based surgical procedures.
12. Describe the technical aspects of closure of the surgical incision following office based surgical procedures including, but not limited to:
 - a. permanent or absorbable suture
 - b. monofilament or braided suture
 - c. use of prosthetic materials
13. Describe the name and proper use of instruments and equipment used in the evaluation and management of patients with surgical illnesses and injuries.
14. Describe methods for providing anesthesia for patients undergoing office based surgical procedures with the names of the agents used, the route of administration and the toxicities and possible complications of each.
15. Describe the skills needed to be an effective leader of the outpatient health care team including, but not limited to:
 - a. how to be an effective leader of the outpatient healthcare team
 - b. methods to encourage input from members of the outpatient healthcare team
 - c. activities to educate members of the outpatient health

care team

Page 125 of 173

d. techniques to effectively communication with outpatient team members **Patient Care**

1. As a perquisite to beginning the outpatient experience at the PGY 4 level, the residents will also be expected to fulfill the Patient care objectives for PGY 1, PGY 2 and PGY 3 residents.
2. Select and perform, with appropriate supervision, office based surgical procedures for the management of patients with surgical illness or injuries.
3. Make appropriate incisions for the office based surgical management of patients with surgical illnesses and injuries.
4. Provide appropriate anesthesia for patients undergoing office based surgical procedures.
5. Perform, with appropriate supervision, office based surgical procedures for patients with surgical illnesses or injuries.
6. Attain appropriate hemostasis during office based surgical procedures.
7. Utilize appropriate techniques for tissue handling and dissection in office based surgical procedures.
8. Perform, with appropriate supervision, procedures for reconstruction after office based surgical procedures.
9. Properly use the instruments and equipment at the outpatient clinics.
11. With appropriate supervision, provide effective leadership of the outpatient healthcare team, including, but not limited to:
 - a. leading by example
 - b. encouraging input from members of the outpatient healthcare team
 - c. educating members of the outpatient health care team
 - d. providing appropriate supervision of the activities of the outpatient healthcare team
 - e. effectively communicating with team members
 - f. accepting responsibility for the activities of the outpatient healthcare team

Professionalism

25. Discuss ethical and legal principals in the management of patients in the outpatient setting with surgical illnesses and injuries.
26. Describe ethnic and cultural factors which should be considered in the outpatient evaluation and management of patients with surgical illnesses and injuries.
27. Describe evidence based options and controversies in the outpatient management of patients with surgical illnesses and injuries with students and other members of the outpatient health care team.
28. Discuss evidence-based recommendations for the outpatient evaluation and management of surgical patients with students and other members of the health care team.
29. Provide outpatient care that is respectful of the diverse characteristics and cultures of their patients.
30. Consult other members of the outpatient health care team when confronted with unusual or complex situations.
31. Interact with all members of the outpatient health care team in a respectful manner at all times.
32. Adhere to all applicable standards of dress and demeanor

Interpersonal and Communication Skills

25. In the outpatient setting, effectively transfer appropriate information to patients with surgical illnesses and injuries and their families.
26. In the outpatient setting, effectively educate patients with surgical illnesses and injuries and their families regarding treatment options with the potential risks and benefits of the various options.

27. Effectively transfer clinically relevant information to all members of the outpatient healthcare

Page 126 of 173

team.

28. Appropriately communicate with physicians, nurses, and other members of the outpatient healthcare team in a respectful and professional manner.
29. Document the status of each assigned patient in the medical record after each outpatient encounter.
30. Participate in multidisciplinary discussions in the outpatient evaluation and management of the ill or injured patient.
31. Encourage all members of the outpatient healthcare team to participate in the treatment plans for the ill or injured patient.
32. Consult other members of the outpatient health care team when confronted with an unusual or

complex

situation. **Practice Based**

Learning

1. Critically evaluate the outcomes of each patient evaluated and managed in the outpatient setting to identify opportunities for improvement in the quality of the care provided to the patient.
2. Describe how outcomes data can be used to develop new policies and procedures to improve the outcomes of patients with surgical illnesses and injuries evaluated and managed in the outpatient setting.
3. Describe how the retrospective evaluation of the outcomes of specific groups of patients can be used to evaluate the current policies regarding the outpatient evaluation and management of patients with surgical illnesses or injuries.
4. Maintain a personal portfolio of experience with patients with surgical illnesses and injuries managed in the outpatient setting including outcomes and critical evaluation of unexpected or adverse events.

Systems Based Practice

1. Document in accordance with service policy the results of an accurate problem specific physical examination; the diagnosis and therapeutic plans of each patient after an outpatient encounter.
2. Describe systems based elements which have been shown to improve outcomes in patients with surgical illnesses and injuries evaluated in the outpatient setting.
3. Identify the systems based elements available for the outpatient evaluation and management of patients and describe which patients with surgical illnesses and injuries require these elements.
4. Describe patient factors in patients with surgical illnesses or injuries which might indicate a need for admission for evaluation and management.
5. Assess the availability of other components of the healthcare team in the outpatient management of patients with surgical illnesses and injuries including, but not limited to:
 - a. Physical therapy
 - b. Occupational therapy
 - c. Psychological counseling
 - d. Recreational therapy
 - e. Nursing
6. Summarize the activities of other available members of the healthcare team in the outpatient management of patients with surgical illnesses and injuries to include the following:
 - a. Physical therapy
 - b. Occupational therapy
 - c. Psychological counseling
 - d. Recreational therapy
 - e. Nursing

7. Utilize system resources effectively to provide appropriate outpatient evaluation and management.
8. Obtain informed consent in accordance with service policy from the patient or other designated person prior to performing any invasive procedure in the office setting.
9. Perform and document a "timeout" in accordance with service policy before all invasive office procedures.
10. Time and date all medical record entries in accordance with service policy.
11. Describe and strictly comply with all Residency Review Committee (RRC), State of Texas and Texas Tech University Health Science Center requirements including, but not limited to:
 - a. duty hours
 - b. identification of resident
 - c. fatigue
 - d. educational requirements
 - e. physician impairment
 - f. sexual misconduct
 - g. unprofessional behavior

PGY 5 (Chief Resident)

Medical Knowledge

1. As a prerequisite to beginning the outpatient experience at the PGY 5 level, the residents will be expected to have attained the Medical Knowledge objectives for PGY 1, PGY 2, PGY 3, and PGY 4 residents.
2. Describe options for the non-operative and operative outpatient management of surgical illnesses and injuries with an evidence based discussion of the effectiveness and possible complications and long term consequences of each.
3. Describe the technical aspects of the various office based surgical procedures which can be used to manage patients with surgical illness or injuries with attention to the anatomy and potential damage to adjacent structures.
4. Describe the possible physiologic consequences of the various office based surgical procedures for the management of surgical illness or injury with an evidence based discussion of the incidence of these problems and methods to prevent them.
5. Discuss the risks, potential benefits and possible complications of office based surgical procedures which can be used to manage surgical illnesses and injuries.
6. Describe the long term outcomes of the various surgical options which can be used for the office based management of patients with surgical illnesses or injuries.
6. Describe the various incisions that can be utilized to surgically manage in the office setting illnesses and injuries.
7. Describe the technical aspects of the various office based surgical procedures which can be used to manage patients with surgical illnesses or injuries.
9. Describe techniques for hemostasis in office based surgical procedures with the effectiveness and limitations of each.
10. Describe techniques of tissue handling and dissection in office based surgical procedures.
11. Describe the various options for reconstruction, with an evidence based discussion of the potential complications and physiologic consequences of each, after office based surgical procedures.
12. Describe methods for providing anesthesia for patients undergoing office based surgical procedures with the names of the agents used, the route of administration and the toxicities and possible complications of each.
13. Describe the technical aspects of closure of the surgical incision after office based surgical procedures including, but not limited to:
 - a. permanent or absorbable

suture b. monofilament or
braided suture c. use of
prosthetic materials

Page 128 of 173

14. Describe the name and proper use of the instruments and equipment used in the outpatient evaluation and management of patients with surgical illnesses and injuries.
15. Describe the skills needed to be an effective leader of the outpatient health care team including, but not limited to:
 - a. how to be an effective leader of the healthcare team
 - b. methods to encourage input from members of the outpatient healthcare team
 - c. activities to educate members of the health care team
 - d. techniques to effectively communication with team

members **Patient Care**

1. As a perquisite to beginning the outpatient experience at the PGY 5 level, the residents will also be expected to fulfill the Patient Care objectives for PGY 1, PGY 2, PGY 3 and PGY 4 residents.
2. Select with appropriate supervision, office based surgical procedures for the management of patients with surgical illness or injuries.
3. Provide appropriate anesthesia for patients undergoing office based surgical procedures.
4. Make appropriate incisions to surgically manage patients with surgical illnesses and injuries in the office setting.
5. Perform, with appropriate supervision, office based surgical procedures for patients with surgical illnesses or injuries.
6. Attain appropriate hemostasis in office based surgical procedures.
7. Utilize appropriate techniques for tissue handling and dissection in office based surgical procedures.
8. Perform, with appropriate supervision, procedures for reconstruction after resective procedures performed in the office setting.
9. With appropriate supervision, correctly close surgical incisions after completion of office based surgical procedures.
10. Properly use the instruments and equipment in the outpatient clinics.
11. With appropriate supervision, provide effective leadership of the outpatient healthcare team, including, but not limited to:
 - a. leading by example
 - b. encouraging input from members of the healthcare team
 - c. educating members of the health care team
 - d. providing appropriate supervision of the activities of the outpatient healthcare team
 - e. effectively communicating with team members
 - f. accepting responsibility for the activities of the outpatient healthcare team

healthcare team **Professionalism**

17. Discuss ethical and legal principals in the outpatient evaluation and management of patients with surgical illnesses and injuries.
18. Describe ethnic and cultural factors which should be considered in the outpatient evaluation and management of patient's with surgical illnesses and injuries.
19. Describe evidence based options and controversies in the outpatient evaluation and management of patients with surgical illnesses and injuries with students and other members of the health care team.
20. Discuss evidence-based recommendations for the outpatient evaluation and management of patients with surgical illnesses and injuries with students and other members of the health care team.
21. Provide outpatient evaluation and management that is respectful of the diverse characteristics and cultures of their patients.

22. Consult other members of the outpatient health care team when confronted with unusual or complex situations.
23. Interact with all members of the outpatient health care team in a respectful manner at all times.
24. Adhere to all applicable standards of dress and

demeanor **Interpersonal and Communication Skills**

17. In the outpatient setting effectively transfer appropriate information to patients with surgical illnesses and injuries and their families.
18. In the outpatient setting effectively educate patients with surgical illnesses and injuries and their families regarding treatment options with the potential risks and benefits of the various options.
19. Effectively transfer clinically relevant information to all members of the outpatient healthcare team.
20. Appropriately communicate with physicians, nurses, and other members of the outpatient healthcare team in a respectful and professional manner.
21. Document the status of each assigned patient in the medical record after each outpatient encounter.
22. Participate in multidisciplinary discussions in the outpatient evaluation and management of patients with surgical illnesses and injuries.
23. Encourage all members of the healthcare team to participate in the outpatient treatment plans for patients with surgical illnesses and injuries.
24. Consult other members of the outpatient health care team when confronted with an unusual or

complex situation. **Practice Based Learning**

Learning

1. Critically evaluate the outcomes of each patient evaluated and managed in the outpatient setting to identify opportunities for improvement in the quality of the care provided to the patient.
2. Describe how outcomes data can be used to develop new policies and procedures to improve the outcomes of patients with surgical illnesses and injuries evaluated and managed in the outpatient setting.
3. Describe how the retrospective evaluation of the outcomes of specific groups of patients can be used to evaluate the current policies regarding the outpatient evaluation and management of patients with surgical illnesses or injuries.
4. Maintain a personal portfolio of experience with the outpatient evaluation and management of ill or injured including outcomes and critical evaluation of unexpected or adverse events.

Systems Based Practice

1. Document in accordance with service policy the results of an accurate problem specific physical examination; the diagnosis and therapeutic plans of each patient after an outpatient encounter.
2. Describe systems based elements which have been shown to improve outcomes in patients with surgical illnesses and injuries managed in the outpatient setting.
3. Identify the systems based elements available for the evaluation and management of patients with surgical illnesses and injuries and which patients require these elements.
4. Describe patient factors in patients with surgical illnesses or injuries which might indicate a need for inpatient evaluation and management.
5. Assess the availability of other components of the healthcare team in the outpatient management of patients with surgical illnesses and injuries including, but not limited to:

- a. Physical therapy
- b. Occupational therapy

Page 130 of 173

- c. Psychological counseling
 - d. Recreational therapy
 - e. Nursing
- 6. Summarize the activities of other available members of the healthcare team in the outpatient management of patients with surgical illnesses and injuries to include the following:
 - a. Physical therapy
 - b. Occupational therapy
 - c. Psychological counseling
 - d. Recreational therapy
 - e. Nursing
- 7. Utilize system resources effectively to provide appropriate outpatient evaluation and management.
- 8. Obtain informed consent in accordance with service policy from the patient or other designated person prior to performing any invasive procedure in the office setting.
- 9. Perform and document a “timeout” in accordance with service policy before all office based invasive procedures.
- 10. Time and date all medical record entries in accordance with service policy.
- 11. Describe and strictly comply with all Residency Review Committee (RRC), State of Texas and Texas Tech University Health Sciences Center requirements including, but not limited to:
 - a. duty hours
 - b. identification of resident fatigue
 - c. educational requirements
 - d. physician impairment
 - e. sexual misconduct
 - f. unprofessional behavior
- 12. Create duty schedules for the outpatient experience which comply with all Residency Review Committee (RRC), State of Texas and Texas Tech University Health Sciences Center requirements including, but not limited to:
 - a. duty hours
 - b. vacation time
 - c. medical leave
 - d. educational activities

MILESTONES

What are Milestones

In general, a milestone is a skill or a knowledge based development that commonly occurs by a specific time. In the same way that pediatric milestones are a way to assess normal growth and development in children over time, the growth of a physician from medical student to practicing attending- from novice to expert- is a process that spans many years and is also marked by milestones e.g. classroom to clerkship to MS graduation to residency and beyond.

Milestones were created to more accurately evaluate the outcomes of residency education. The Milestones provide a more explicit definition of expected resident knowledge, skills, attributes and performance. They are meant to be explicit, concrete, and easy to understand. These outcomes are important for program accreditation and assuring the public that physicians are well trained

The Milestone Project in Surgery is a joint initiative of ACGME and the American Board of Surgery which provides a process to set expectations on what more there is to learn or what a resident has to do to get to the next level. Residents are able to see what their expected progression will look like over the course of training. Other benefits include improved evaluation in all six competencies, more detailed feedback from faculty members, and earlier identification of under-performers. Milestones set aspirational goals and provide residents and evaluators with a framework across the curriculum.

Description of milestone levels:

Level 1: The resident demonstrates milestones expected of an incoming resident.

Level 2: The resident is advancing and demonstrates additional milestones, but is not yet performing at a mid-residency level.

Level 3: The resident continues to advance and demonstrate additional milestones, consistently including the majority of milestones targeted for residency.

Level 4: The resident has advanced so that he or she now substantially demonstrates the milestones targeted for residency. This level is designed as the graduation target. Every resident does not need to reach Level 4 in every competency or subcompetency in order to graduate. It is still the purview of the program director with the counsel of the Clinical Competency Committee to determine if and when a resident is ready for independent practice.

Level 5: The resident has advanced beyond performance targets set for residency and is demonstrating “aspirational” goals which might describe the performance of someone who has been in practice for several years. It is expected that only a few exceptional residents will reach this level.

There are many layers to the usefulness of milestones. They give a picture of how individual residents are progressing and in aggregate tell how the program is doing. They allow residents and faculty to have a shared understanding of what competence looks like. It should be emphasized that they do not include all of the knowledge and skills necessary to be a competent practicing Surgeon but are more of a metric in the big picture.

Surgery Milestones

Practice Domain	Competency	Critical Deficiencies	LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4
Care For Diseases and Conditions (CDC)	PATIENT CARE (PC1)	This resident is not able to perform an efficient and accurate initial history and physical for patients admitted to the hospital.	This resident performs a focused, efficient, and accurate initial history and physical of a full spectrum of patients admitted to the hospital, including critically-ill patients.	This resident accurately diagnoses many "broad" surgical conditions in the SCORE curriculum and initiates appropriate management for some common, "broad" conditions. This resident can develop a diagnostic plan and implement initial care for patients seen in the Emergency Department (ED).	This resident accurately diagnoses most "broad" conditions in the SCORE curriculum and some "focused" conditions and initiates appropriate management for most "broad" surgical conditions independently.	This resident can lead a team that cares for patients with common and complex conditions and delegates appropriate clinical tasks to other health care team members. This resident recognizes atypical presentations of a large number of conditions.
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Comments: Not Yet Assessable <input type="checkbox"/>				
Care For Diseases and Conditions (CDC)	PATIENT CARE (PC2)	This resident is unable to recognize or manage common post-operative problems such as fever, hypotension, hypoxia, confusion, and oliguria	This resident recognizes and manages common post-operative problems such as fever, hypotension, hypoxia, confusion, and oliguria with the assistance of senior residents or staff members who are physically present.	This resident recognizes and manages common post-operative problems such as fever, hypotension, hypoxia, confusion, and oliguria with the assistance of senior residents or staff members who are available for consultation, but not physically present.	This resident recognizes and manages complex post-operative problems such as sepsis, systemic inflammatory response syndrome, and multiple system organ failure independently.	This resident can lead a team and provide supervision in the evaluation and management of complex post-operative problems such as sepsis, systemic inflammatory response syndrome, and multiple system organ failure.
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Comments: Not Yet Assessable <input type="checkbox"/>				

Practice Domain	Competency	Critical Deficiencies	LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4
Performance of Operations and Procedures (POP)	PATIENT CARE (PC3)	This resident lacks basic surgical skills such as airway management, knot tying, simple suturing, suture removal, use of Doppler ultrasound, administration of local anesthetic, universal precautions and aseptic technique and is unable to reliably perform basic procedures, including venipuncture, arterial puncture, incision and drainage, minor skin, and excisions placement of an IV, nasogastric tube, or urinary catheter.	This resident has basic surgical skills such as airway management, knot tying, simple suturing, suture removal, use of Doppler ultrasound, administration of local anesthetic, universal precautions, and aseptic technique, and is able to reliably perform basic procedures, including venipuncture, arterial puncture incision and drainage, minor skin excisions and placement of an IV, nasogastric tube, or urinary catheter. This resident can perform basic operative steps in "essential-common" operations/procedures of the SCORE curriculum.	This resident has respect for tissue, and is developing skill in instrument handling. This resident moves through portions of common operations without coaching and makes straightforward intra-operative decisions. This resident performs some of the "essential" operations in the SCORE curriculum with minimal assistance.	This resident demonstrates proficiency in the handling of most instruments and exhibits efficiency of motion during procedures. This resident moves through the steps of most operations without much coaching and is making intra-operative decisions. This resident performs many of the "essential" operations and is beginning to gain experience in the "complex" operations.	This resident demonstrates proficiency in use of instruments and equipment required for "essential" operations, guides the conduct of most operations and makes independent intra-operative decisions. This resident can perform all of the "essential" operations and has significant experience in the "complex" operations. This resident can effectively guide other residents in "essential-common" operations.
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Comments: Not Yet Assessable <input type="checkbox"/>				

Practice Domain	Competency	Critical Deficiencies	LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4
Care For Diseases and Conditions (CDC)	MEDICAL KNOWLEDGE (MK1)	This resident does not have basic knowledge about common surgical conditions to which a medical student would be exposed in clerkship.	This resident has a basic understanding of the symptoms, signs, and treatments of the "broad" diseases in the SCORE curriculum and has basic knowledge about common surgical conditions to which a medical student would be exposed in clerkship.	This resident has basic knowledge about many of the "broad" diseases in the SCORE curriculum and can make a diagnosis and recommend appropriate initial management. This resident can recognize variation in the presentation of common surgical conditions.	This resident has significant knowledge about many "broad" diseases in the SCORE curriculum and a basic knowledge of the "focused" diseases in the SCORE curriculum, and can make a diagnosis and initiate appropriate initial management.	This resident has a comprehensive knowledge of the varying patterns of presentation and alternative and adjuvant treatments for "broad" diseases in the SCORE curriculum and can make the diagnosis and provide initial care for the "focused" diseases in the SCORE curriculum.
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Comments: Not Yet Assessable <input type="checkbox"/>				
Performance of Operations and Procedures (POP)	MEDICAL KNOWLEDGE (MK2)	This resident does not have basic knowledge about the common "essential" operations to which a medical student would be exposed in clerkship.	This resident has a basic knowledge of the "essential-common" surgical operations in the SCORE curriculum to which a medical student would be exposed in clerkship.	This resident has basic knowledge of the operative steps, peri-operative care, and post-operative complications for many of the "essential" operations in the SCORE curriculum.	This resident has a significant knowledge of the operative steps, peri-operative care, and post-operative complications for most of the "essential" operations in the SCORE curriculum and a basic knowledge of some of the "complex" operations.	This resident has a comprehensive level of knowledge of the operative steps, peri-operative care, and post-operative complications for the "essential" operations in the SCORE curriculum and a basic knowledge of many of the "complex" operations.
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Comments: Not Yet Assessable <input type="checkbox"/>				

Practice Domain	Competency	Critical Deficiencies	LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4
Coordination of Care (CC)	SYSTEMS-BASED PRACTICE (SBP1)	This resident does not have a basic understanding of the resources available for coordinating patient care, including social workers, visiting nurses, and physical and occupational therapists.	This resident has a basic understanding of the resources available for coordinating patient care, including social workers, visiting nurses, and physical and occupational therapists.	This resident knows the necessary resources to provide optimal coordination of care and how to access them. This resident is aware of specialized services like home total parenteral nutrition (TPN) or home antibiotic infusion.	This resident is able to efficiently arrange disposition planning for his or her patients and takes responsibility for preparing all materials necessary for discharge or transfer of his or her patients.	This resident coordinates the activities of residents, nurses, social workers, and other health care professionals to provide optimal care to the patient at the time of discharge or transfer, and to provide post-discharge ambulatory care that is appropriate for the patient's particular needs.
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Comments: Not Yet Assessable <input type="checkbox"/>				
Improvement of Care (IC)	SYSTEMS-BASED PRACTICE (SBP2)	This resident does not demonstrate evidence that he or she considers how hospital and health care systems impact his or her practice. This resident does not demonstrate awareness of variation in practice within or across health care systems.	This resident has basic knowledge of how health systems operate. This resident knows system factors that contribute to medical errors and is aware that variations in care occur.	This resident understands how patient care is provided in his or her system and recognizes certain specific system failures that can affect patient care. This resident follows protocols and guidelines for patient care.	This resident makes suggestions for changes in the health care system that may improve patient care. This resident reports problems with technology (e.g., devices and automated systems) or processes that could produce medical errors.	This resident participates in work groups or performance improvement teams designed to reduce errors and improve health outcomes. This resident understands the appropriate use of standardized approaches to care and participates in creating such protocols of care.
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Comments: Not Yet Assessable <input type="checkbox"/>				

Practice Domain	Competency	Critical Deficiencies	LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4
Teaching (TCH)	PRACTICE-BASED LEARNING AND IMPROVEMENT (PBL1)	This resident does not communicate effectively as a teacher (e.g., is disorganized, is inattentive, uses language unsuitable for the level of the learner, discourages and disregards questions).	This resident willingly imparts educational information clearly and effectively to medical students and other health care team members. This resident uses media in presentations appropriately and effectively.	This resident communicates educational material accurately and effectively at the appropriate level for learner understanding. This resident accurately and succinctly presents patient cases in conferences.	This resident demonstrates an effective teaching style when asked to be responsible for a conference or formal presentation.	This resident recognizes teachable moments and readily and respectfully engages the learner. This resident is a highly effective teacher with an interactive educational style and engages in constructive educational dialogue. This resident facilitates conferences and case discussions based on assimilation of evidence from the literature.
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Comments: Not Yet Assessable <input type="checkbox"/>				

Practice Domain	Competency	Critical Deficiencies	LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4
Self-directed Learning (SDL)	PRACTICE-BASED LEARNING AND IMPROVEMENT (PBL2)	This resident does not engage in self-initiated, self-directed learning activities. This resident does not complete simulation assignments. This resident is frequently absent for scheduled simulation exercises without a valid excuse.	This resident completes learning assignments using multiple sources. This resident participates in assigned skills curriculum activities and simulation experiences to build surgical skills.	This resident independently reads the literature and uses sources (e.g., SCORE modules, peer-reviewed publications, practice guidelines, textbooks, library databases, and online materials) to answer questions related to patients. This resident develops a learning plan based on feedback with some external assistance. This resident identifies gaps in personal technical skills and works with faculty members to develop a skills learning plan.	This resident looks for trends and patterns in the care of patients and reads and uses sources to understand such patterns. This resident can select an appropriate evidence-based information tool to answer specific questions while providing care. This resident independently practices surgical skills in a simulation environment to enhance technical ability.	This resident participates in local, regional, and national activities, optional conferences, and/or self-assessment programs. This resident demonstrates use of a system or process for keeping up with changes in the literature, and initiates assignments for other learners. This resident leads surgical skills experiences for students and residents and participates in skills curriculum development.
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Comments: Not Yet Assessable <input type="checkbox"/>				

Practice Domain	Competency	Critical Deficiencies	LEVEL 1			LEVEL 2			LEVEL 3			LEVEL 4											
Improvement of Care (IC)	PRACTICE-BASED LEARNING AND IMPROVEMENT (PBLI3)	<p>This resident: does not demonstrate interest or ability in learning from the results of his or her practice.</p> <p>This resident: fails to recognize the impact of errors and adverse events in practice.</p>	<p>This resident actively participates in Morbidity and Mortality (M&M) and/or other Quality Improvement (QI) conferences with comments, questions, and/or accurate presentation of cases</p> <p>This resident changes patient care behaviors in response to feedback from his or her supervisors.</p> <p>This resident recognizes when and how errors or adverse events affect the care of patients.</p>			<p>This resident evaluates his or her own surgical results and the quality and efficacy of care of patients through appraisal and assimilation of scientific evidence.</p> <p>This resident uses relevant literature to support his or her discussions and conclusions at M&M and/or other QI conferences.</p> <p>This resident performs basic steps in a QI project (e.g., generates a hypothesis, conducts a cause-effect analysis, creates method for study).</p> <p>This resident understands how to modify his or her own practice to avoid errors.</p>			<p>This resident: evaluates his or her own surgical results and medical care outcomes in a systematic way and identifies areas for improvement.</p> <p>This resident identifies probable causes for complications and deaths at M&M and/or other QI conferences with appropriate strategies for improving care.</p> <p>This resident: begins to recognize patterns in the care of his or her patients and looks for opportunities to systematically reduce errors and adverse events</p>			<p>This resident exhibits on-going self evaluation and improvement that includes reflection on practice, tracking and analyzing his or her patient outcomes, integrating evidence-based practice guidelines, and identifying opportunities to make practice improvements.</p> <p>This resident discusses or demonstrates application of M&M and/or other QI conference conclusions to his or her own patient care.</p> <p>This resident leads a QI activity relevant to patient care outcomes.</p>											
															<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
															Comments: Not Yet Assessable <input type="checkbox"/>								

Practice Domain	Competency	Critical Deficiencies	LEVEL 1		LEVEL 2		LEVEL 3		LEVEL 4	
Care for Diseases and Conditions (CDC)	PROFESSIONALISM (PROF1)	This resident displays undesirable behaviors, including not being polite or respectful, not respecting patient confidentiality and privacy, demonstrating lack of integrity, or failing to take responsibility for patient care activities.	This resident is polite and respectful toward patients, their families, and other health care professionals. This resident demonstrates a commitment to continuity of care by taking personal responsibility for patient care outcomes. This resident responds to pages and consultation requests promptly. This resident is honest and trustworthy. This resident consistently respects patient confidentiality and privacy.		This resident maintains composure in accordance with ethical principles even in stressful situations. This resident exhibits compassion and empathy toward patients and their families This resident recognizes the limits of his or her knowledge and asks for help when needed.		This resident ensures patient care responsibilities are performed and continuity of care is maintained. This resident accepts responsibility for errors in patient care and can initiate corrective action. This resident consistently demonstrates integrity in all aspects of care and professional relationships		This resident: serves as a role model for ethical behavior. This resident: positively influences others by assertively modeling professionalism. The resident consistently places the interests of patients ahead of self interests when appropriate.	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Comments: Not Yet Assessable <input type="checkbox"/>								

Practice Domain	Competency	Critical Deficiencies	LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4	
Maintenance of Physical and Emotional Health (MPEC1)	PROFESSIONALISM (PROF2)	<p>This resident's behavior and/or physical condition concern me.</p> <p>This resident flagrantly and repeatedly violates duty hour requirements.</p>	<p>The resident understands the institutional resources available to manage personal, physical, and emotional health (e.g., acute and chronic disease, substance abuse, and mental health problems).</p> <p>The resident complies with duty hours standards.</p> <p>This resident understands the principles of physician wellness and fatigue mitigation.</p>	<p>This resident monitors his or her own personal health and wellness and appropriately mitigates fatigue and/or stress.</p> <p>This resident effectively and efficiently manages his or her own time and assures fitness for duty.</p>	<p>This resident sets an example by promoting healthy habits and creating an emotionally healthy environment for those working with him or her.</p> <p>The resident models appropriate management of personal health issues, fatigue and stress.</p>	<p>The resident promotes a healthy work environment.</p> <p>This resident recognizes and appropriately addresses personal health issues in other members of the health care team.</p> <p>This resident is proactive in modifying schedules or intervening in other ways to assure that those caregivers under his or her supervision maintain personal wellness and do not compromise patient safety (e.g., requires naps, counsels, refers to services, reports to program director).</p>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Comments:	Not Yet Assessable <input type="checkbox"/>				

Practice Domain	Competency	Critical Deficiencies	LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4	
Performance of Assignments and Administrative Tasks (PAT)	PROFESSIONALISM (PROF3)	<p>This resident consistently fails to meet requirements for timely performance of administrative tasks and/or requires excessive reminders, follow up, etc.</p>	<p>This resident completes his or her operative case logs and duty hour logs, performs other assigned and required administrative tasks in a timely fashion, and does not require excessive reminders or follow-up (e.g., visa renewal, credentialing, obtaining a medical license).</p>	<p>This resident is prompt in attending conferences, meetings, operations, and other activities.</p> <p>This resident responds promptly to requests from faculty members and departmental staff members (e.g., pager responsiveness).</p>	<p>This resident assures that others under his or her supervision respond appropriately to responsibilities in a timely fashion.</p>	<p>This resident sets an example for conference attendance, promptness, and attention to assigned tasks.</p>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Comments:	Not Yet Assessable <input type="checkbox"/>				

Practice Domain	Competency	Critical Deficiencies	LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4
Care for Diseases and Conditions (CDC)	INTERPERSONAL AND COMMUNICATION SKILLS (ICS1)	<p>This resident is not able to clearly, accurately, and respectfully communicate with patients and their families.</p> <p>This resident fails to effectively communicate basic health care information to patients and families.</p>	<p>This resident uses a variety of techniques to ensure that communication with patients and their families is understandable and respectful (e.g., non-technical language, teach back, appropriate pacing, and small pieces of information)</p> <p>This resident effectively communicates basic health care information to patients and their families.</p>	<p>This resident customizes communication, taking into account patient characteristics (e.g., age, literacy, cognitive disabilities, culture).</p> <p>This resident provides timely updates to patients and their families during hospitalizations and clinic visits.</p>	<p>This resident is capable of delivering bad news to patients and their families sensitively and effectively.</p>	<p>This resident can customize emotionally difficult information (e.g., when participating in end-of-life discussions).</p> <p>This resident is capable of negotiating and managing conflict among patients and their families.</p>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Comments: Not Yet Assessable <input type="checkbox"/>				

Practice Domain	Competency	Critical Deficiencies	LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4
Coordination of Care (CC)	INTERPERSONAL AND COMMUNICATION SKILLS (ICS2)	<p>This resident displays disrespectful or resentful behaviors when asked to evaluate a patient or participate in a care conference with other members of the health care team.</p>	<p>This resident willingly exchanges patient information with team members.</p> <p>This resident responds politely and promptly to requests for consults and care coordination activities.</p> <p>This resident performs face-to-face hand-offs.</p>	<p>This resident exhibits behaviors that invite information sharing with health care team members (e.g., respect, approachability, active listening).</p> <p>This resident performs hand-off best practices (e.g., uses multiple forms of information transfer, confirms receipt of information, invites questions).</p>	<p>This resident discusses care plans with the members of the health care team and keeps them up to date on patient statuses and care plan changes.</p> <p>This resident delivers timely, complete, and well-organized information to referring physicians and to providers of follow-up care at the time of patient care transitions.</p>	<p>This resident assumes overall leadership of a health care team responsible for his or her patients, while at the same time seeking and valuing input from the members of the team.</p> <p>This resident negotiates and manages conflict among care providers.</p> <p>This resident takes responsibility for ensuring that clear hand-offs are given at transitions of care.</p>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Comments: Not Yet Assessable <input type="checkbox"/>				

Practice Domain	Competency	Critical Deficiencies	LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4
Performance of Operations and Procedures (POF)	INTERPERSONAL AND COMMUNICATION SKILLS (ICS3)	<p>This resident does not communicate effectively with patients, hospital staff members, and/or the senior surgeon in the operating room.</p>	<p>This resident communicates basic facts effectively with patients, hospital staff members, and the senior surgeon in the operating room.</p> <p>This resident understands the necessary elements of informed consent for procedures.</p>	<p>This resident effectively describes various aspects of the procedure and peri-operative care to the patient and his or her family and other operating room team members.</p> <p>This resident leads a pre-operative "time out".</p> <p>This resident performs clear informed consent discussion for basic procedures.</p>	<p>This resident anticipates logistical issues regarding the procedure and engages members of the operating team to solve problems.</p> <p>This resident performs clear informed consent discussion for complex procedures.</p>	<p>This resident is capable of leadership when unexpected events occur in the operating room and is able to communicate effectively with the family when unexpected events occur in the operating room.</p>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Comments: Not Yet Assessable <input type="checkbox"/>				

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RESIDENT SERVICE RESPONSIBILITIES

Anesthesia Rotation Texas Tech University Health Science Center Permian Basin Medical Center Hospital, Odessa TX Service Responsibilities

The Anesthesia Service provides anesthesia care for patients at the Medical Center Hospital. The resident assigned to the Anesthesia Service. The service responsibilities of residents assigned to this service include:

PGY 1

Responsibility

Primary

1. Provides patient care services for each assigned patient under the care of an TTUHSC-PB Anesthesia faculty member.
2. Participate in the Emergency Evaluation and Management (under the supervision of the Chief (PGY 5) or Senior (PGY 4) resident) of Emergency Department patients presenting to the MCH when assigned.
3. Collects and confirms all clinical information regarding each assigned Anesthesia patient **preoperatively**.
4. Reports and appropriately documents in the medical record **all** clinical information regarding each assigned Anesthesia patients to the appropriate TTUHSC-PB Anesthesia faculty member **preoperatively** and whenever requested.
5. Promptly document in the medical record and report **any** unexpected or adverse event related to patient care directly to the appropriate TTUHSC-PB Anesthesia faculty member.

Secondary

1. Provide assistance to any TTUHSC-PB Anesthesia faculty member in the performance of anesthetic care and invasive procedures at the TTUHSC-PB.
2. Comply with all guidelines established by the TTUHSC-PB and regulatory agencies regarding duty hours and time off duty.
3. Assumes the duties of any other resident who is absent for vacation, illness, family emergency, educational conference, etc. when assigned by the Chief (PGY 5) resident.

**Texas Tech University Health Science
Center Burn Rotation
University Medical Center, Lubbock
TX Service Responsibilities**

PGY 1

Responsibility

Primary

1. Provides patient care services for assigned patients admitted to the Burn service.
2. Participates in the Emergency Evaluation and Management (under the supervision of the faculty) of assigned Burn patients presenting to the University Medical Center (UMC) Burn Unit.
3. Collects and confirms all clinical information regarding each patient admitted to the Burn Service daily and whenever an unexpected or adverse event occurs.
4. Reports and appropriately documents in the medical record all clinical information regarding patients on the Burn service to the Service Chief and/or Senior resident and the appropriate UMC faculty member daily and whenever requested.
5. Promptly documents in the medical record and reports any unexpected or adverse event related to patient care directly to the Service Chief and/or Senior resident and the appropriate UMC surgical faculty member.

Secondary

1. Comply with all guidelines established by the UMC and regulatory agencies regarding duty hours and time off duty.
2. Provide assistance in the Operating Room to any UMC faculty member when assigned by either the Service Chief or Senior resident.
3. Provide assistance to any UMC faculty member and Service Chief or Senior resident in the performance of invasive procedures in the Burn Unit.
4. Assumes the duties of any other resident who is absent for vacation, illness, family emergency, educational conference, etc. when assigned by the Service Chief and/or Senior resident.

Cardiothoracic Surgery Rotation
Texas Tech University Health Science Center Permian
Basin Medical Center Hospital, Odessa TX
Service Responsibilities

The Cardiothoracic Surgery Service provides cardiothoracic surgical care for patients admitted to the Cardiothoracic Surgery service. The service responsibilities of the residents assigned to this service include:

PGY 1

Responsibility

Primary

1. Provides patient care services for each assigned patient under the care of an TTUHSC-PB Cardiothoracic Surgery faculty member.
2. When possible, participates in the Emergency Evaluation and Management (under the supervision of the Chief (PGY 5) or Senior (PGY 4) resident) of Emergency Department patients presenting to the MCH with Cardiothoracic Surgery conditions.
3. Collects and confirms all clinical information regarding each assigned Cardiothoracic Surgery patient **daily** and whenever an unexpected or adverse event occurs.
4. Reports and appropriately documents in the medical record **all** clinical information regarding each assigned Cardiothoracic Surgery patients to the appropriate TTUHSC-PB Cardiothoracic Surgery faculty member **daily** and whenever requested.
5. Promptly document in the medical record and report **any** unexpected or adverse event related to patient care directly to the appropriate TTUHSC-PB Cardiothoracic Surgery faculty member.

Secondary

1. Provide assistance to any TTUHSC-PB Cardiothoracic Surgery faculty member in the performance of invasive procedures.
2. Comply with all guidelines established by the TTUHSC-PB and regulatory agencies regarding duty hours and time off duty.
3. Assumes the duties of any other resident who is absent for vacation, illness, family emergency, educational conference, etc. when assigned by the Chief (PGY 5) resident.

**Texas Tech University Health Science Center Permian
Basin Community Surgery Rotation
Odessa Regional Medical Center,
Odessa TX Service Responsibilities**

The Community Surgery Service provides general surgical care to all patients admitted to Odessa Regional Medical Center (ORMC) under the care of the TTUHSC Clinical ORMC General Surgery faculty members. The service responsibilities of the residents assigned to the Community Surgery service include:

Senior Resident (PGY 3-4)

Responsibility

Primary

1. Leads the General Surgery team that provides care to **all** patients under the care of a Clinical ORMC General Surgery faculty member (under the supervision of the faculty member).
2. Provides oversight and supervision of **all** other members of the Clinical ORMC General Surgery team caring for patients under the care of a Clinical ORMC General Surgery faculty member.
3. Assign each patient under the care of the Clinical ORMC General Surgery team to the care of an appropriate team member daily.
4. Collect and confirm from the appropriate members of the Clinical ORMC General Surgery team clinical information regarding **all** patients under the care of the Clinical ORMC General Surgery team.
5. Ensure that concise and accurate information regarding patients under the care of the Clinical ORMC General Surgery team is appropriately documented in the medical record and is provided to the appropriate Clinical ORMC General Surgery faculty member **daily** and at any other time requested.
6. Ensure that **any** unexpected or adverse event related to patient care is promptly documented in the medical record and reported directly to the appropriate Clinical ORMC General Surgery faculty member.
7. Promptly report **any** occurrences that may adversely affect the ability of the Clinical ORMC General Surgery team to provide appropriate patient care (insufficient personnel, inadequate resources, etc) to an appropriate Departmental or Institutional official (Chairman or Program Director, Department of Surgery; Chief of the Medical Staff; Hospital Administrator; etc.)

Secondary

1. Ensure that **all** Clinical ORMC General Surgery faculty members have appropriate assistance in the performance of surgical procedures in the Operating Room.
2. Ensure that ample personnel are available to provide care to **all** patients under the care of the Clinical ORMC General Surgery team.
3. Serve as an educational resource for all other members of the Clinical ORMC General Surgery team.
4. Ensure that all members of the Clinical ORMC General Surgery team have time off and vacation in accordance with guidelines established by the TTUHSC and regulatory agencies.

PGY 2

Responsibility

Primary

1. Provides patient care services for assigned patients under the care of a Clinical ORMC General Surgery faculty member
2. Participates in the Emergency Evaluation and Management (under the supervision of the Chief (PGY 5) of all patients admitted to a Clinical ORMC General Surgery faculty member.
3. Collects and confirms all clinical information regarding each patient assigned to their care **daily** and whenever an unexpected or adverse event occurs.
4. Reports and appropriately documents in the medical record **all** clinical information regarding patients in their care to the Senior (PGY 3-4) resident **daily** and whenever requested.
5. Promptly document in the medical record and report **any** unexpected or adverse event related to patient care directly to the Senior (PGY 3-4) resident.
6. Promptly report **any** occurrences that may adversely affect the ability of the General Surgery team to provide appropriate patient care (insufficient personnel, inadequate resources, etc) to the Senior (PGY 3-4) resident.

Secondary

1. Provide assistance in the Operating Room to any TTUHSC faculty member when assigned by the Senior (PGY 3-4) resident
2. Comply with all guidelines established by the TTUHSC and regulatory agencies regarding duty hours and time off duty.
3. Assumes the duties of any other resident who is absent for vacation, illness, family emergency, educational conference, etc. when assigned by the Senior (PGY 5) resident.

**General Surgery Rotation
Midland Memorial Hospital, Midland
TX**

Service Responsibilities

General Surgery provides general surgical care to all patients admitted to Midland Memorial Hospital (MMH) under the care of the MMH Surgery faculty members. The service responsibilities of the residents assigned to the General Surgery service include:

Chief Resident (PGY 5)

Responsibility

Primary

8. Leads the General Surgery team that provides care to **all** patients under the care of a General Surgery faculty member (under the supervision of the faculty member).
9. Provides oversight and supervision of **all** other members of the General Surgery team caring for patients under the care of a General Surgery faculty member including patients in the Intensive Care Unit (ICU).
10. Leads the General Surgery team that provides Emergency Evaluation and Management (under the supervision of a General Surgery faculty member) to Emergency Department patients presenting to the MMH.
11. Assign each patient under the care of the General Surgery team to the care of an appropriate team member daily.
12. Collect and confirm from the appropriate members of the General Surgery team clinical information regarding **all** patients under the care of the General Surgery team.
13. Ensure that concise and accurate information regarding patients under the care of the General Surgery team is appropriately documented in the medical record and is provided to the appropriate General Surgery faculty member **daily** and at any other time requested.
14. Ensure that **any** unexpected or adverse event related to patient care is promptly documented in the medical record and reported directly to the appropriate General Surgery faculty member.
15. Promptly report **any** occurrences that may adversely affect the ability of the General Surgery team to provide appropriate patient care (insufficient personnel, inadequate resources, etc) to an appropriate Departmental or Institutional official (Chairman or Program Director, Department of Surgery; Chief of the Medical Staff; Hospital Administrator; etc.)

Secondary

5. Ensure that **all** General Surgery faculty members have appropriate assistance in the performance of surgical procedures in the Operating Room.
6. Ensure that ample personnel are available to provide care to **all** patients under the care of the General Surgery team.
7. Serve as an educational resource for all other members of the General Surgery team.
8. Ensure that all members of the General Surgery team have time off and vacation in accordance with guidelines established by the TTUHSC-PB and regulatory agencies.

PGY 4

Responsibility

Primary

1. Assumes all the duties of the Chief (PGY 5) resident when he is unavailable due to participation in an operative procedure, or absent for vacation, illness, family emergency, educational conference, etc.
2. Provides oversight and supervision of **all** junior members of the General Surgery team caring for patients under the care of a General Surgery faculty member including patients in the Intensive Care Unit (ICU).
3. Leads the General Surgery team that provides Emergency Evaluation and Management (under the supervision of a General Surgery faculty member) to **all** Emergency Department patients presenting to the MMH.
4. Assist the Chief (PGY 5) resident in the assignment of each patient under the care of the General Surgery team to the care of an appropriate team member daily.
5. Collect and confirm from the junior members of the General Surgery team clinical information regarding **all** patients under their care.
6. Ensure that concise and accurate information regarding patients under the care of the General Surgery team is appropriately documented in the medical record and is provided to both the Chief (PGY 5) resident and the appropriate General Surgery faculty member **daily** and whenever requested.
7. Promptly document in the medical record and report **any** unexpected or adverse event related to patient care directly to both the Chief (PGY 5) resident and the appropriate General Surgery faculty member.
8. Promptly report **any** occurrences that may adversely affect the ability of the General Surgery team to provide appropriate patient care (insufficient personnel, inadequate resources, etc) to both the Chief (PGY 5) resident and an appropriate Departmental or Institutional official (Chairman or Program Director, Department of Surgery; Chief of the Medical Staff; Hospital Administrator; etc.)

Secondary

1. Ensure that ample personnel are available to provide care to **all** patients under the care of the General Surgery team.
2. Serve as an educational resource for all junior members of the General Surgery team.
3. Ensure that all junior members of the General Surgery team have time off in accordance with guidelines established by the TTUHSC-PB and regulatory agencies.
4. Assumes the duties of any other resident who is absent for vacation, illness, family emergency, educational conference, etc. when assigned by the Chief (PGY 5) resident.

PGY 3

Responsibility

Primary

7. Provides patient care services for assigned patients under the care of a General Surgery faculty member **excluding** patients in the Intensive Care Unit (ICU).

8. Participates in the Emergency Evaluation and Management (under the supervision of the Chief (PGY 5) or Senior (PGY 4) resident) to **all** Emergency Department patients presenting to the MMH when assigned.
9. Collects and confirms all clinical information regarding each patient assigned to their care **daily** and whenever an unexpected or adverse advent occurs.
10. Reports and appropriately documents in the medical record **all** clinical information regarding patients in their care to both the Chief (PGY 5) and Senior (PGY 4) resident **daily** and whenever requested.
11. Promptly document in the medical record and report **any** unexpected or adverse event related to patient care directly to **both** the Chief (PGY 5) and Senior (PGY 4) resident.
12. Promptly report **any** occurrences that may adversely affect the ability of the General Surgery Care team to provide appropriate patient care (insufficient personnel, inadequate resources, etc) to both the Chief (PGY 5) and Senior (PGY 4) resident.

Secondary

4. Provide assistance in the Operating Room to any General Surgery faculty member when assigned by either the Chief (PGY 5) or Senior (PGY 4) resident
5. Serve as an educational resource for the intern assigned to the General Surgery team.
6. Comply with all guidelines established by the TTUHSC-PB and regulatory agencies regarding duty hours and time off duty.
7. Assumes the duties of any other resident who is absent for vacation, illness, family emergency, educational conference, etc. when assigned by the Chief (PGY 5) resident.

PGY 2

Responsibility

Primary

1. Provides patient care services for assigned patients under the care of a General Surgery faculty member **including** patients in the Intensive Care Unit (ICU).
2. Participates in the Emergency Evaluation and Management (under the supervision of the Chief (PGY 5) or Senior (PGY 4) resident) to **all** Emergency Department patients presenting to the MMH when assigned.
3. Collects and confirms all clinical information regarding each patient assigned to their care **daily** and whenever an unexpected or adverse advent occurs.
4. Reports and appropriately documents in the medical record **all** clinical information regarding patients in their care to both the Chief (PGY 5) and Senior (PGY 4) resident **daily** and whenever requested.
5. Promptly document in the medical record and report **any** unexpected or adverse event related to patient care directly to **both** the Chief (PGY 5) and Senior (PGY 4) resident.
6. Promptly report **any** occurrences that may adversely affect the ability of the General Surgery Care team to provide appropriate patient care (insufficient personnel, inadequate resources, etc) to both the Chief (PGY 5) and Senior (PGY 4) resident.

Secondary

1. Provide assistance in the Operating Room to any General Surgery faculty member when assigned by either the Chief (PGY 5) or Senior (PGY 4) resident
2. Serve as an educational resource for the intern assigned to the General Surgery team.
3. Comply with all guidelines established by the TTUHSC-PB and regulatory agencies regarding duty hours and time off duty.
4. Assumes the duties of any other resident who is absent for vacation, illness, family emergency, educational conference, etc. when assigned by the Chief (PGY 5) resident.

Intern (PGY 1)

Responsibility

Primary

1. Provides patient care services for assigned patients under the care of a General Surgery faculty member **excluding** patients in the Intensive Care Unit (ICU).
2. Participates in the Emergency Evaluation and Management (under the supervision of the Chief (PGY 5) or Senior (PGY 4) resident) to **all** Emergency Department patients presenting to the MMH when assigned.
3. Collects and confirms all clinical information regarding each patient assigned to their care **daily** and whenever an unexpected or adverse advent occurs.
4. Reports and appropriately documents in the medical record **all** clinical information regarding patients in their care to both the Chief (PGY 5) and Senior (PGY 4) resident **daily** and whenever requested.
5. Promptly document in the medical record and report **any** unexpected or adverse event related to patient care directly to **both** the Chief (PGY 5) and Senior (PGY 4) resident.
6. Promptly report **any** occurrences that may adversely affect the ability of the General Surgery Care team to provide appropriate patient care (insufficient personnel, inadequate resources, etc) to both the Chief (PGY 5) and Senior (PGY 4) resident.

Secondary

1. Provide assistance in the Operating Room to any General Surgery faculty member when assigned by either the Chief (PGY 5) or Senior (PGY 4) resident.
2. Comply with all guidelines established by the TTUHSC-PB and regulatory agencies regarding duty hours and time off duty.
3. Assumes the duties of any other resident who is absent for vacation, illness, family emergency, educational conference, etc. when assigned by the Chief (PGY 5) resident.

**Texas Tech University Health Sciences Center Permian
Basin Rural Surgery Rotation
Scenic Mountain Medical Center, Big Spring
TX Service Responsibilities**

The Rural Surgery Service provides general surgical care to all patients admitted to Scenic Mountain Medical Center (SMMC) under the care of the TTUHSC Clinical SMMC General Surgery faculty members. The service responsibilities of the residents assigned to the Rural Surgery service include:

Senior Resident (PGY 4)

Responsibility

Primary

16. Leads the General Surgery team that provides care to **all** patients under the care of a Clinical SMMC General Surgery faculty member (under the supervision of the faculty member).
17. Provides oversight and supervision of **all** other members of the Clinical SMMC General Surgery team caring for patients under the care of a Clinical SMMC General Surgery faculty member.
18. Assign each patient under the care of the Clinical SMMC General Surgery team to the care of an appropriate team member daily.
19. Collect and confirm from the appropriate members of the Clinical SMMC General Surgery team clinical information regarding **all** patients under the care of the Clinical SMMC General Surgery team.
20. Ensure that concise and accurate information regarding patients under the care of the Clinical SMMC General Surgery team is appropriately documented in the medical record and is provided to the appropriate Clinical SMMC General Surgery faculty member **daily** and at any other time requested.
21. Ensure that **any** unexpected or adverse event related to patient care is promptly documented in the medical record and reported directly to the appropriate Clinical SMMC General Surgery faculty member.
22. Promptly report **any** occurrences that may adversely affect the ability of the Clinical SMMC General Surgery team to provide appropriate patient care (insufficient personnel, inadequate resources, etc) to an appropriate Departmental or Institutional official (Chairman or Program Director, Department of Surgery; Chief of the Medical Staff; Hospital Administrator; etc.)

Secondary

1. Ensure that **all** Clinical SMMC General Surgery faculty members have appropriate assistance in the performance of surgical procedures in the Operating Room.
2. Ensure that ample personnel are available to provide care to **all** patients under the care of the Clinical SMMC General Surgery team.
3. Serve as an educational resource for all other members of the Clinical SMMC General Surgery team.
4. Ensure that all members of the Clinical SMMC General Surgery team have time off and vacation in accordance with guidelines established by the TTUHSC and regulatory agencies.

**Texas Tech University Health Sciences Center Permian
Basin Neurosurgery Rotation
Service Responsibilities**

The Neurosurgery Service provides neurosurgical care for patients admitted to the Neurosurgery service. The service responsibilities of the residents assigned to this service include:

PGY 1

Responsibility

Primary

6. Provides patient care services for each assigned patient under the care of an TTUHSC-PB Neurosurgery faculty member.
7. When possible, participates in the Emergency Evaluation and Management (under the supervision of the Chief (PGY 5) or Senior (PGY 4) resident) of Emergency Department patients presenting to the MCH with Neurosurgical conditions.
8. Collects and confirms all clinical information regarding each assigned Neurosurgery patient **daily** and whenever an unexpected or adverse advent occurs.
9. Reports and appropriately documents in the medical record **all** clinical information regarding each assigned Neurosurgery patients to the appropriate TTUHSC-PB Neurosurgery faculty member **daily** and whenever requested.
10. Promptly document in the medical record and report **any** unexpected or adverse event related to patient care directly to the appropriate TTUHSC-PB Neurosurgery faculty member.

Secondary

4. Provide assistance to any TTUHSC-PB Neurosurgery faculty member in the performance of invasive procedures.
5. Comply with all guidelines established by the TTUHSC-PB and regulatory agencies regarding duty hours and time off duty.
6. Assumes the duties of any other resident who is absent for vacation, illness, family emergency, educational conference, etc. when assigned by the Chief (PGY 5) resident.

**Orthopedic Surgery Rotation
Texas Tech University Health Science Center Permian
Basin Medical Center Hospital, Odessa TX
Service Responsibilities**

The Orthopedic Surgery Service provides orthopedic surgical care for patients on the Orthopedic Surgery service. The service responsibilities of the residents assigned to this service include:

PGY 1

Responsibility

Primary

11. Provides patient care services for each assigned patient under the care of an TTUHSC-PB Orthopedic Surgery faculty member.
12. When possible, participates in the Emergency Evaluation and Management (under the supervision of the Chief (PGY 5) or Senior (PGY 4) resident) of Emergency Department patients presenting to the MCH with Orthopedic Surgery conditions.
13. Collects and confirms all clinical information regarding each assigned Orthopedic Surgery patient **daily** and whenever an unexpected or adverse event occurs.
14. Reports and appropriately documents in the medical record **all** clinical information regarding each assigned Orthopedic Surgery patients to the appropriate TTUHSC-PB Orthopedic Surgery faculty member **daily** and whenever requested.
15. Promptly document in the medical record and report **any** unexpected or adverse event related to patient care directly to the appropriate TTUHSC-PB Orthopedic Surgery faculty member.

Secondary

7. Provide assistance to any TTUHSC-PB Orthopedic Surgery faculty member in the performance of invasive procedures.
8. Comply with all guidelines established by the TTUHSC-PB and regulatory agencies regarding duty hours and time off duty.
9. Assumes the duties of any other resident who is absent for vacation, illness, family emergency, educational conference, etc. when assigned by the Chief (PGY 5) resident.

**Texas Tech University Health Science Center
Lubbock University Medical Center Children's
Hospital Pediatric Surgery
Service Responsibilities**

The Surgical Services provides pediatric and general surgical care to all patients admitted to University Medical Center (UMC) under the care of the UMC Pediatric Surgery faculty members.

Senior Pediatric Surgery Resident (PGY 4 level)

Responsibility

Primary

1. Provides patient care services for all patients under the care of an UMC Pediatric Surgery faculty member.
2. Assign each patient under the care of a UMC Pediatric Surgery faculty member to the care of an appropriate team member daily.
3. Collect and confirm all clinical information regarding each patient under the care of a UMC Pediatric faculty member **daily** and whenever an unexpected or adverse advent occurs.
4. Ensure that **all** clinical information for each patient admitted to a UMC Pediatric Surgery faculty member is appropriately documented in the medical record and reported to the appropriate Pediatric Surgery faculty member **daily** and whenever requested.
5. Ensure that **any** unexpected or adverse event related to patient care is promptly documented in the medical record and reported to the appropriate UMC Pediatric Surgery faculty member.
6. Promptly report **any** occurrences that may adversely affect the ability of the Pediatric Surgery team to provide appropriate patient care (insufficient personnel, inadequate resources, etc) to both the Chief (PGY 4 or 5) resident and the appropriate UMC Surgery faculty member.
7. Provide assistance in the Operating Room to any UMC Pediatric Surgery faculty member.
8. Serve as an educational resource for any junior resident assigned to the UMC Surgery team.
9. Comply with all guidelines established by the TTUHSC and regulatory agencies regarding duty hours and time off duty.

Secondary

1. Assumes the duties of any other resident assigned to Pediatric Surgery who is absent for vacation, illness, family emergency, educational conference, etc.

Intern (PGY 2)

Responsibility

Primary

1. Provides patient care services for assigned patients under the care of an UMC Pediatric Surgery faculty member.
2. Collects and confirms all clinical information regarding each patient assigned to their care **daily** and whenever an unexpected or adverse advent occurs.

3. Reports and appropriately documents in the medical record **all** clinical information regarding patients in their care to the Service Chief or Senior resident **daily** and whenever requested.
4. Promptly document in the medical record and report **any** unexpected or adverse event related to patient care directly to the Service Chief or Senior resident.
5. Promptly report **any** occurrences that may adversely affect the ability of the Pediatric Surgery team to provide appropriate patient care (insufficient personnel, inadequate resources, etc) to the Service Chief or Senior resident.

Secondary

1. Provide assistance in the Operating Room to any Pediatric Surgery faculty member when assigned by the Service Chief or Senior Pediatric resident.
2. Comply with all guidelines established by the TTUHSC and regulatory agencies regarding duty hours and time off duty.
3. Assumes the duties of any other resident who is absent for vacation, illness, family emergency, educational conference, etc.

**Texas Tech University Health Science Center Permian
Basin Plastic Surgery Rotation
Service Responsibilities**

The Plastic Surgery Service provides Plastic surgical care for patients on the Plastic Surgery service. The service responsibilities of the residents assigned to this service include:

PGY 1

Responsibility

Primary

1. Provides patient care services for each assigned patient under the care of an TTUHSC-PB Plastic Surgery faculty member.
2. When possible, participates in the Emergency Evaluation and Management (under the supervision of the Chief (PGY 5) or Senior (PGY 4) resident) of Emergency Department patients presenting to the MCH with Plastic Surgery conditions.
3. Collects and confirms all clinical information regarding each assigned Plastic Surgery patient **daily** and whenever an unexpected or adverse event occurs.
4. Reports and appropriately documents in the medical record **all** clinical information regarding each assigned Plastic Surgery patients to the appropriate TTUHSC-PB Plastic Surgery faculty member **daily** and whenever requested.
5. Promptly document in the medical record and report **any** unexpected or adverse event related to patient care directly to the appropriate TTUHSC-PB Plastic Surgery faculty member.

Secondary

1. Provide assistance to any TTUHSC-PB Plastic Surgery faculty member in the performance of invasive procedures.
2. Comply with all guidelines established by the TTUHSC-PB and regulatory agencies regarding duty hours and time off duty.
3. Assumes the duties of any other resident who is absent for vacation, illness, family emergency, educational conference, etc. when assigned by the Chief (PGY 5) resident.

**Texas Tech University Health Science Center Permian
Basin Private Surgery Rotation
Medical Center Hospital, Odessa
TX Service Responsibilities**

The Private Surgery Service provides general surgical care to all patients admitted to Medical Center Hospital under the care of the TTUHSC Clinical General Surgery faculty members. The service responsibilities of the residents assigned to the Private Surgery Service Surgery service include:

Chief Resident (PGY 5)

Responsibility

Primary

23. Leads the General Surgery team that provides care to **all** patients under the care of a Clinical General Surgery faculty member (under the supervision of the faculty member).
24. Provides oversight and supervision of **all** other members of the Clinical General Surgery team caring for patients under the care of a Clinical General Surgery faculty member.
25. Assign each patient under the care of the Clinical General Surgery team to the care of an appropriate team member daily.
26. Collect and confirm from the appropriate members of the Clinical General Surgery team clinical information regarding **all** patients under the care of the Clinical General Surgery team.
27. Ensure that concise and accurate information regarding patients under the care of the Clinical General Surgery team is appropriately documented in the medical record and is provided to the appropriate Clinical General Surgery faculty member **daily** and at any other time requested.
28. Ensure that **any** unexpected or adverse event related to patient care is promptly documented in the medical record and reported directly to the appropriate Clinical General Surgery faculty member.
29. Promptly report **any** occurrences that may adversely affect the ability of the Clinical General Surgery team to provide appropriate patient care (insufficient personnel, inadequate resources, etc) to an appropriate Departmental or Institutional official (Chairman or Program Director, Department of Surgery; Chief of the Medical Staff; Hospital Administrator; etc.)

Secondary

9. Ensure that **all** Clinical General Surgery faculty members have appropriate assistance in the performance of surgical procedures in the Operating Room.
10. Ensure that ample personnel are available to provide care to **all** patients under the care of the Clinical General Surgery team.
11. Serve as an educational resource for all other members of the Clinical General Surgery team.
12. Ensure that all members of the Clinical General Surgery team have time off and vacation in accordance with guidelines established by the TTUHSC and regulatory agencies.

PGY 2

Responsibility

Primary

13. Provides patient care services for assigned patients under the care of a Clinical General Surgery faculty member
14. Participates in the Emergency Evaluation and Management (under the supervision of the Chief (PGY 5) of all patients admitted to a Clinical General Surgery faculty member.
15. Collects and confirms all clinical information regarding each patient assigned to their care **daily** and whenever an unexpected or adverse advent occurs.
16. Reports and appropriately documents in the medical record **all** clinical information regarding patients in their care to the Chief (PGY 5) resident **daily** and whenever requested.
17. Promptly document in the medical record and report **any** unexpected or adverse event related to patient care directly to the Chief (PGY 5) resident.
18. Promptly report **any** occurrences that may adversely affect the ability of the General Surgery team to provide appropriate patient care (insufficient personnel, inadequate resources, etc) to the Chief (PGY 5) resident.

Secondary

8. Provide assistance in the Operating Room to any TTUHSC faculty member when assigned by the Chief (PGY 5) resident
9. Comply with all guidelines established by the TTUHSC and regulatory agencies regarding duty hours and time off duty.
10. Assumes the duties of any other resident who is absent for vacation, illness, family emergency, educational conference, etc. when assigned by the Chief (PGY 5) resident.

Service Responsibility for Resident Rotation in Surgical Immunology and Organ Transplantation

The Transplant Surgery Service provides organ transplantation care to all patients admitted to UT Southwestern Hospitals under the care of the UT Southwestern Transplant Surgery faculty members. The service responsibilities of the residents assigned to the Transplant Surgery service include:

Senior Resident (PGY 3)

Responsibility

Primary

30. Participates in the Transplant Surgery team that provides care to **all** patients under the care of a Transplant Surgery faculty member.
31. Provides input to other members of the Transplant Surgery team caring for patients under the care of a Transplant Surgery faculty member.
32. Cares for each assigned patient under the supervision of the Transplant Surgery faculty.
33. Collect and confirms clinical information regarding all assigned patients under the care of the Transplant Surgery team.
34. Ensure that concise and accurate information regarding assigned patients under the care of the Transplant Surgery team is appropriately documented in the medical record and is provided to the appropriate Transplant Surgery faculty member **daily** and at any other time requested.
35. Ensure that **any** unexpected or adverse event related to patient care is promptly documented in the medical record and reported directly to the appropriate Transplant Surgery faculty member.
36. Promptly report **any** occurrences that may adversely affect the ability of the Transplant Surgery team to provide appropriate patient care (insufficient personnel, inadequate resources, etc) to an appropriate Departmental or Institutional official (Chairman or Program Director, Department of Surgery; Chief of the Medical Staff; Hospital Administrator; etc.)

Secondary

13. Participate in the performance of Transplant surgical procedures in the Operating Room.
14. Serve as an educational resource for all other members of the Transplant Surgery team.
15. Ensure that they comply with all duty and other guidelines established by the TTUHSC and regulatory agencies.

**Texas Tech University Health Science Center Permian Basin
(TTUHSC-PB) Surgery Rotation
Medical Center Hospital, Odessa
TX Service Responsibilities**

TTUHSC-PB Surgery provides general surgical care to all patients admitted to Midland Memorial Hospital (MCH) under the care of the TTUHSC-PB Surgery faculty members. The service responsibilities of the residents assigned to the TTUHSC-PB Surgery service include:

Chief Resident (PGY 5)

Responsibility

Primary

37. Leads the General Surgery team that provides care to **all** patients under the care of a TTUHSC-PB Surgery faculty member (under the supervision of the faculty member).
38. Provides oversight and supervision of **all** other members of the TTUHSC-PB Surgery team caring for patients under the care of a TTUHSC-PB Surgery faculty member including patients in the Intensive Care Unit (ICU).
39. Leads the TTUHSC-PB Surgery team that provides Emergency Evaluation and Management (under the supervision of a TTUHSC-PB Surgery faculty member) to Emergency Department patients presenting to the MCH.
40. Assign each patient under the care of the TTUHSC-PB Surgery team to the care of an appropriate team member daily.
41. Collect and confirm from the appropriate members of the TTUHSC-PB Surgery team clinical information regarding **all** patients under the care of the TTUHSC-PB Surgery team.
42. Ensure that concise and accurate information regarding patients under the care of the TTUHSC-PB Surgery team is appropriately documented in the medical record and is provided to the appropriate TTUHSC-PB Surgery faculty member **daily** and at any other time requested.
43. Ensure that **any** unexpected or adverse event related to patient care is promptly documented in the medical record and reported directly to the appropriate TTUHSC-PB Surgery faculty member.
44. Promptly report **any** occurrences that may adversely affect the ability of the TTUHSC-PB Surgery team to provide appropriate patient care (insufficient personnel, inadequate resources, etc) to an appropriate Departmental or Institutional official (Chairman or Program Director, Department of Surgery; Chief of the Medical Staff; Hospital Administrator; etc.)

Secondary

16. Ensure that **all** TTUHSC-PB Surgery faculty members have appropriate assistance in the performance of surgical procedures in the Operating Room.
17. Ensure that ample personnel are available to provide care to **all** patients under the care of the TTUHSC-PB Surgery team.
18. Serve as an educational resource for all other members of the TTUHSC-PB Surgery team.
19. Ensure that all members of the TTUHSC-PB Surgery team have time off and vacation in accordance with guidelines established by the TTUHSC-PB and regulatory agencies.

PGY 4

Responsibility Primary

9. Assumes all the duties of the Chief (PGY 5) resident when he is unavailable due to participation in an operative procedure, or absent for vacation, illness, family emergency, educational conference, etc.
10. Provides oversight and supervision of **all** junior members of the TTUHSC-PB Surgery team caring for patients under the care of a TTUHSC-PB Surgery faculty member including patients in the Intensive Care Unit (ICU).
11. Leads the TTUHSC-PB Surgery team that provides Emergency Evaluation and Management (under the supervision of a TTUHSC-PB Surgery faculty member) to **all** Emergency Department patients presenting to the MCH.
12. Assist the Chief (PGY 5) resident in the assignment of each patient under the care of the TTUHSC-PB Surgery team to the care of an appropriate team member daily.
13. Collect and confirm from the junior members of the TTUHSC-PB Surgery team clinical information regarding **all** patients under their care.
14. Ensure that concise and accurate information regarding patients under the care of the TTUHSC-PB Surgery team is appropriately documented in the medical record and is provided to both the Chief (PGY 5) resident and the appropriate TTUHSC-PB Surgery faculty member **daily** and whenever requested.
15. Promptly document in the medical record and report **any** unexpected or adverse event related to patient care directly to both the Chief (PGY 5) resident and the appropriate TTUHSC-PB Surgery faculty member.
16. Promptly report **any** occurrences that may adversely affect the ability of the TTUHSC-PB Surgery team to provide appropriate patient care (insufficient personnel, inadequate resources, etc) to both the Chief (PGY 5) resident and an appropriate Departmental or Institutional official (Chairman or Program Director, Department of Surgery; Chief of the Medical Staff; Hospital Administrator; etc.)

Secondary

5. Ensure that ample personnel are available to provide care to **all** patients under the care of the TTUHSC-PB Surgery team.
6. Serve as an educational resource for all junior members of the TTUHSC-PB Surgery team.
7. Ensure that all junior members of the TTUHSC-PB Surgery team have time off in accordance with guidelines established by the TTUHSC-PB and regulatory agencies.
8. Assumes the duties of any other resident who is absent for vacation, illness, family emergency, educational conference, etc. when assigned by the Chief (PGY 5) resident.

PGY 3

Responsibility Primary

19. Provides patient care services for assigned patients under the care of a TTUHSC-PB Surgery faculty member **excluding** patients in the Intensive Care Unit (ICU).
20. Participates in the Emergency Evaluation and Management (under the supervision of the Chief (PGY 5) or Senior (PGY 4) resident) to **all** Emergency Department patients presenting to the MCH when assigned.
21. Collects and confirms all clinical information regarding each patient assigned to their care **daily** and whenever an unexpected or adverse advent occurs.
22. Reports and appropriately documents in the medical record **all** clinical information regarding patients in their care to both the Chief (PGY 5) and Senior (PGY 4) resident **daily** and whenever requested.
23. Promptly document in the medical record and report **any** unexpected or adverse event related to patient care directly to **both** the Chief (PGY 5) and Senior (PGY 4) resident.
24. Promptly report **any** occurrences that may adversely affect the ability of the TTUHSC-PB Surgery Care team to provide appropriate patient care (insufficient personnel, inadequate resources, etc) to both the Chief (PGY 5) and Senior (PGY 4) resident.

Secondary

11. Provide assistance in the Operating Room to any TTUHSC-PB faculty member when assigned by either the Chief (PGY 5) or Senior (PGY 4) resident
12. Serve as an educational resource for the intern assigned to the TTUHSC-PB Surgery team.
13. Comply with all guidelines established by the TTUHSC-PB and regulatory agencies regarding duty hours and time off duty.
14. Assumes the duties of any other resident who is absent for vacation, illness, family emergency, educational conference, etc. when assigned by the Chief (PGY 5) resident.

PGY 2

Responsibility

Primary

7. Provides patient care services for assigned patients under the care of a TTUHSC-PB Surgery faculty member **including** patients in the Intensive Care Unit (ICU).
8. Participates in the Emergency Evaluation and Management (under the supervision of the Chief (PGY 5) or Senior (PGY 4) resident) to **all** Emergency Department patients presenting to the MCH when assigned.
9. Collects and confirms all clinical information regarding each patient assigned to their care **daily** and whenever an unexpected or adverse advent occurs.
10. Reports and appropriately documents in the medical record **all** clinical information regarding patients in their care to both the Chief (PGY 5) and Senior (PGY 4) resident **daily** and whenever requested.
11. Promptly document in the medical record and report **any** unexpected or adverse event related to patient care directly to **both** the Chief (PGY 5) and Senior (PGY 4) resident.

12. Promptly report **any** occurrences that may adversely affect the ability of the TTUHSC-PB Surgery Care team to provide appropriate patient care (insufficient personnel, inadequate resources, etc) to both the Chief (PGY 5) and Senior (PGY 4) resident.

Secondary

5. Provide assistance in the Operating Room to any TTUHSC-PB faculty member when assigned by either the Chief (PGY 5) or Senior (PGY 4) resident
6. Serve as an educational resource for the intern assigned to the TTUHSC-PB Surgery team.
7. Comply with all guidelines established by the TTUHSC-PB and regulatory agencies regarding duty hours and time off duty.
8. Assumes the duties of any other resident who is absent for vacation, illness, family emergency, educational conference, etc. when assigned by the Chief (PGY 5) resident.

Intern (PGY 1)

Responsibility

Primary

7. Provides patient care services for assigned patients under the care of a TTUHSC-PB Surgery faculty member **excluding** patients in the Intensive Care Unit (ICU).
8. Participates in the Emergency Evaluation and Management (under the supervision of the Chief (PGY 5) or Senior (PGY 4) resident) to **all** Emergency Department patients presenting to the MCH when assigned.
9. Collects and confirms all clinical information regarding each patient assigned to their care **daily** and whenever an unexpected or adverse event occurs.
10. Reports and appropriately documents in the medical record **all** clinical information regarding patients in their care to both the Chief (PGY 5) and Senior (PGY 4) resident **daily** and whenever requested.
11. Promptly document in the medical record and report **any** unexpected or adverse event related to patient care directly to **both** the Chief (PGY 5) and Senior (PGY 4) resident.
12. Promptly report **any** occurrences that may adversely affect the ability of the TTUHSC-PB Surgery Care team to provide appropriate patient care (insufficient personnel, inadequate resources, etc) to both the Chief (PGY 5) and Senior (PGY 4) resident.

Secondary

4. Provide assistance in the Operating Room to any TTUHSC-PB faculty member when assigned by either the Chief (PGY 5) or Senior (PGY 4) resident.
5. Comply with all guidelines established by the TTUHSC-PB and regulatory agencies regarding duty hours and time off duty.
6. Assumes the duties of any other resident who is absent for vacation, illness, family emergency, educational conference, etc. when assigned by the Chief (PGY 5) resident.

**Departmental Policies
Department of Surgery
TTUHSC of the Permian
Basin**

**Work Environment and Resident Duty Hours Policies and
Procedures**

The Department of Surgery strives to create a working environment for residents that promote high quality education. The Department strives to create a comfortable, collegial setting in which to promote scholarly and clinical activity. This is accomplished by having didactic sessions that are designed to promote intellectual curiosity, as well as providing a clinical setting with an adequate patient volume for a broad-based clinical experience. The residents will be properly supervised by faculty as indicated in the Resident Manual. The Department will also provide adequate nursing staff to support resident education. This environment will be free of any type of harassment (especially racial or sexual harassment) and violence (whether real or threatened from any cause) will not be tolerated. The Department recognizes that resident education is the primary task of the Department of Surgery. The Department also recognizes that resident education must not be compromised by excessive reliance on residents for service obligations.

Duty hours are defined as time spent in all clinical and academic activities related to the residency program, i.e. patient care, (both inpatient and outpatient), administrative duties related to patient care, the provision of transfer of patient care, time spent in house during call activities, and scheduled academic activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site. Resident duty hours will be limited to no more than 80 hours per week, averaged over a four week period inclusive of all in house call activities. Residents will be provided with one day in seven free from all educational and clinical responsibilities averaged over a four week period inclusive of call. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities. Adequate time for resident personal activities will be provided to the resident in the form of a continuous ten hour period AFTER all daily duty periods and after in house call.

The objective of on call activities is to provide residents with continuity of patient care experience throughout a 24 hour period. In house call is defined as those duty hours beyond the normal work day when residents are required to be immediately available in the assigned institutions. In house call will be provided by a night float system. This will provide in house call free of other clinical activities during the day. The continuous on site duty including in house call will not exceed 24 consecutive hours. Residents, however, may remain on duty for up to four additional hours in order to participate in didactic activities, transfer care of patients, conduct outpatient clinics and maintain continuity of medical and surgical care, unless further limited by the relevant program requirements. New patients will not be assigned or accepted to a resident after 24 continuous hours of duty. A new patient is defined as patient for whom the resident has not previously provided care unless otherwise defined in the relevant program requirements. Residents will have 10 hours off after completing 24 - hours on call. When residents are called in to the hospital from home the hours the resident spends in house are counted toward the eighty-hour weekly limit. The demands of home call will be monitored by the Program Director and scheduling adjustments will be made to negate excessive service demands and/or fatigue.

Each resident will be expected to verify in a truthful fashion his/her work hours each month. These hours will be checked and evaluated by the Program Director and the Resident Coordinator. It is expected that all faculty and residents will embrace the concept of the 80-hour work week and understand its importance in providing adequate patient care.

Professionalism

Professionalism is one of the core values that all competent physicians should strive to embody. Within the Department, professionalism is to be the standard of behavior for all faculty, residents, staff, and students. While there are many aspects to professionalism, those ideas put forth by the American Board of Internal Medicine in their Project Professionalism Paper deserve review.

All Professionals will commit to:

1. The highest standard of excellence in the practice of medicine and in the generation and dissemination of knowledge
2. Sustaining the interest and welfare of patients
3. Be responsive to the health needs of society

All members of the Department of Surgery will exemplify the elements of altruism, accountability, excellence, duty, honor, integrity, and respect for others in their daily behavior. They will avoid arrogance and not abuse the power of their position when dealing with others. Other implied values of professionalism would include maturity, appearance, punctuality, self-motivation, self-learning, and self-assessment. At all times, all Department members will exemplify high moral and ethical standards. These attributes, while idealistic, will serve as one of their goals in the Department's mission to be the best possible physicians.

Elements of professionalism will be discussed during a lecture on the ACGME Competencies at the beginning of each year and during the course of normal day-to-day activities.

Photocopying of Copyrighted Materials

It is a federal copyright violation to photocopy any copyrighted materials, punishable by fine (or even imprisonment.) Furthermore, it is unlawful and against state law and University policy to use State of Texas copying machines for this purpose. This includes chapters from textbooks. If the University owns a license to reproduce specific copyrighted material, such material may be photocopied according to license restrictions. Please see Texas Tech Library website for materials for which the University holds a license.

Thanks for your understanding and cooperation

Travel Policy

Texas Tech University HSC maintains strict guidelines for university-sponsored travel. Please read the following policy carefully. It is your responsibility to carefully adhere to all Departmental and University guidelines concerning out of town travel. **Varying from specified travel policies puts you at risk of having to assume responsibility for your travel expenses!**

When you are requesting to travel using University or Departmental funds, you must travel via the carrier that achieves the lowest cost and maximum time efficiency. Residents may log on to the Southwest Airline web site (www.swabiz.com) to check contracted rates. TT ID

number is 99771335.

Page 162 of 173

If you rent a car, you must use the State contract rates to be eligible for University reimbursement. The numbers for the car rentals are: AvisF999739; Budget: discount ID:R524119; Enterprise: Contract TX739. Rental agreements are subject to change. Current contracts can be found [at http://www.fiscal.ttuhsu.edu/busserv/travel/links.aspx](http://www.fiscal.ttuhsu.edu/busserv/travel/links.aspx)

The Department will provide you with a state tax exemption sheet if you stay in a hotel in Texas. Texas Tech will not reimburse travelers for state taxes.

Prior to booking your travel, you must fill out a travel request form (in Residency Coordinator's Office) and a leave form (in Resident Coordinator's Office). The forms must be signed by the Chief Resident and the Program Director in that order before travel plans are made. **It is unwise to make travel plans before obtaining these signatures.**

The Regional Chair is the only individual authorized to approve travel funds *and* the amounts. Other faculty members do not carry this authority. *Please do not assume anything.* Except in unusual circumstances, the Department will sponsor only one trip to a medical meeting per resident per academic year.

After your travel has been approved, you must give the Resident Coordinator your airfare, hotel cost, etc. so a travel application can be completed. You will be reimbursed for conference hotel rate plus food. No alcoholic beverages or entertainment will be reimbursed. Rates for specific rotations may differ. If you travel with another TTUHSC faculty/resident, you cannot pay for their meals and get reimbursed nor can they pay for yours and get reimbursed. Each traveler must have an original receipt for meals and it cannot be for multiple people. If you take your spouse and it shows two people at the table, most meals will be divided and TTUHSC will only pay for what is considered normal for one person. Please keep this in mind when expecting all of your charges to be reimbursed.

Employees are to pay all their business related travel expenses and request reimbursement, after the trip, via the Travel2 System. They may use their personal credit card or the state issued Citibank Travel card.

However, employees who wish to use the BTA (Business Travel Account) for their airfare must comply with the attached HSC Travel OP 79.05. This OP states the purpose of a BTA – (1) to assist employees who do not qualify for a State Travel Credit Card, (2) who were denied with the initial application for a state travel card, and (3) do not have a personal credit card available to them to purchase an airline ticket.

Also, note the reasons an employee cannot use the BTA – (1) is eligible for a state travel card but does not wish to apply for a card; (2) has a state travel card but does not wish to use the card; (3) has had a state travel card that was cancelled for non-payment.

Employees who wish to request an Expense Advance must comply with the attached HSC Travel OP 79.05. This OP states when HSC can advance funds. It also states the reasons an employee does not qualify for an Advance – (1) is eligible for a state travel card but does not wish to apply for a card; (2) has a state travel card but does not wish to use the card; (3) has had a state travel card that was cancelled for non-payment (4) has an outstanding travel advance from a previous trip (5) is on the State Comptroller's Texas Payee Information System (TPIS).

HSC Travel OP79.11 states the Eligibility Requirements for the State Travel Credit Card. Any employee who is expected to travel on official state business must apply for a state travel card.

Travel card procedure...

You may apply for a Citibank travel card online -see below info located under Links on HSC Travel Home Page.

(First - you are to complete the agreement form and send to Payment Services. Second – you are to complete the online application. Both must be done).

The Resident Coordinator will approve the agreement form and notify the bank to process the online application. It will take the bank around 48 hours to process/approve the online application. You will receive an approval confirmation email from the bank and your card will be mailed to you in approximately 7 to 10 business days.

Citibank Travel Card

[Application](#)

[Procedures](#)

[Travel Card Use Agreement](#)

[Form Cardholder Logon](#)

[Procedures View Statements](#)

[Online Payments](#)

When returning from your trip, Texas Tech University HSC regulations state that your travel voucher be returned to the resident coordinator within 14 days of completion of your travel. If you requested an advance, you are required to submit your voucher within 7 days of the completion of your travel. Your voucher must include all the **original** receipts. (Copies are not acceptable.) If you put the airfare on your personal credit card, we must have a statement from your credit card showing the amount charged. The Department cannot put hotel deposits on the TT credit card although we can pay the course registration fee on the TT credit card. A copy of your meeting brochure must also be attached to the voucher.

All travel is entered online. After your voucher has been submitted you will get an email from travel asking you to look at the voucher and electronically sign. You must electronically sign the voucher to receive reimbursement.

Policy on Resident Promotion Department of Surgery Texas Tech University Health Sciences Center – Permian Basin

Advancement to the next year of training will be dependent of the resident demonstrating progressive acquisition and appropriate application of each of the six core competencies (achieving milestones). Resident evaluations will be based on the Resident Evaluation Process. The Program Director will consider unusual and unpredictable circumstances in making decisions for advancement. The final recommendation for advancement will be made during the Resident Evaluation Process. The final decision will be made by the Program Director. All other considerations that pertain to continued participation in the Program are contained in the House Staff Policies and Procedures Manual of Texas Tech University Health Sciences Center.

Texas Tech University Health Sciences Center School of Medicine policy requires passage of Step 1 of the USMLE/COMLEX for acceptance of an applicant to a Texas Tech University Health Sciences Center Residency Program, passage of Step 2 by the end of the PGY 1 year, and passage of Step 3 by March of the PGY 2 year. Not meeting these requirements will result in the resident's contract not being renewed for the following year.

Departmental policy may be more detailed than House Staff policy on promotion. In these instances departmental policy supersedes house staff policy. A resident in the Department of Surgery is expected to abide by the policies and procedures as outlined by the Texas Tech University Health Sciences Center Graduate Medical Education Committee. The resident who fails to abide by these policies and procedures will be subjected to the process of probation and dismissal as outlined in Section V of the Policies and Procedures document, which is included in the Resident Manual.

Policy on Remediation

When a resident's performance in any area of the residency program is judged to be below the level of expectations by the Resident Evaluation Process, the resident will be asked to complete a remediation plan as designed by the resident in conjunction with the Program Director, and the Department Chair. Specific goals and objectives, which address the deficiencies as well as measures of progress, will be identified and agreed upon by all parties. A specific timeline will be adhered to for successful completion of the remediation plan. If the resident's deficiencies encompass significant areas of the program to the point that the Resident Evaluation Process feels the resident is not reaching a level of overall competency within the program, the resident may be asked to repeat a portion or all of the previous year's work. Again, specific goals and objectives as well as performance measures and timeline will be designated and adhered to. Unsuccessful completion of the remediation process may lead other disciplinary actions as described in the TTUHSC Resident Policies and Procedures Handbook and/or to subsequent dismissal from the residency program.

Policy on Evaluation and Minimum Standards

Residents will be evaluated on a regular basis and the evaluations will encompass all aspects of the residency program and the resident's performance in all venues. Specifically, there will be rotational evaluations at the end of each rotation and mid-way for rotations lasting 3 or more months. Semi- annually, all residents will have 360 *evaluations*, and Professionalism assessed by the faculty. All resident didactic presentations, including journal clubs, will be evaluated. Remediation plans will be instituted for residents who do not perform to minimum standards.

Resident Dismissal Policy

The Department of Surgery will adhere to and follow the TTUHSC House staff Policies and Procedures section V.9.d regarding issues related to or pertaining to resident dismissal.

TTUHSC GME Website

http://www.ttuhsu.edu/som/gme/documents/lubbock_gme_docs/Policies/HS_PandPs_070113.pdf

Resident Training Interruptions

The Department appreciates that interruptions to a given resident's training may occur. In the event of such an occurrence the Department will follow and adhere to the applicable Departmental requirements: *"Leaves of absence and vacation may be granted to residents at the discretion of the program director in accordance with local policy. If, within the five years of graduate medical education, the total of such leaves and vacation, for any reason, (e.g., vacation, sick leave, maternity or paternity leave, or personal leave) exceeds eight (8) weeks in any year of graduate education, or a total of twenty four (24) weeks over the five years of residency, the required five years of graduate medical education must be extended for the duration of time the individual was absent in excess of either eight (8) weeks in any academic year, or a total of twenty four (24) weeks for the five years of graduate medical education."*

The following are the criteria for application to the residency program in the Department of Surgery, Texas Tech University Health Sciences Center of the Permian Basin Department of Obstetrics and Gynecology

Criteria for Resident applicants

American Medical

Graduates 1. Eras

application

2. Personal

statement 3. Current

CV

4. Original medical school transcript

5. USMLE Step 1 and 2 (if taken) passed within 3 attempts (COMLEX can be substituted for the USMLE)

6. Dean's letter

7. Three letters of recommendation (if previous residency training, letter from program director) 8. Photo

International Medical

Graduate 1. Eras

application

2. Personal

statement 3. Current

CV

4. Original medical school transcript~No time limit to years out of Medical School

5. USMLE Step 1 and 2 (if taken) passed within 3 attempts (COMPLEX can be substituted for the USMLE) ~No time limit to years out of Medical School

6. Dean's letter

7. Three letters of recommendation (if previous residency training, letter from program director) 8. ECFMG certificate

9. J1 Visa (no others accepted) if not a permanent resident or naturalized citizen 10. Photo

11. Must possess excellent communications skills, both verbal and written, in English 12. No U.S. Clinical Experience required

All applicants must be in good standing at their university and meet the minimal criteria for potential House Officers as outlined in the policies and procedures for resident application to residency programs sponsored by Texas Tech University Health Sciences Center of the Permian Basin. If there are any breaks from college to residency application, all time must be accounted for in the application. All applicants to the residency program in the Department of Surgery must apply through the ERAS system.

Resident Research Projects and Guidelines

All residents in our program are required to maintain current CITI (Human Research Protection Training) and HIPPA Research Training certification. No research activities may be conducted without prior certification in both areas.

Residents are encouraged to fulfill at least one of the following research requirements prior to graduation from our residency training program. Ideally, the project should be completed by the end of PGY-4. A rough draft of the research project should be completed in manuscript form, or a final draft submitted for publication. It is the desire and intent of our program to have resident research projects published or at least presented at local, regional or national meetings.

Residents will have several research options during their residency including:

- (1) Systematic review:** A systematic review in an area of Surgery, that is timely, would be appropriate. This would require the resident, working closely with one of their faculty, to complete a publishable report within a year. It is expected that 6 months or more of library work, reading and writing would be required.
- (2) Retrospective Research Study:** Residents may initiate a retrospective research project. This would require the resident, working closely with one of their faculty, to comply with regulatory (Institutional Review Board) requirements, define search criteria for the medical records and develop data sets. Perform statistical analysis.
- (3) Prospective Research Study:** Residents may initiate a prospective research project. This would require the resident, working closely with one of their faculty, to comply with regulatory (Institutional Review Board) requirements, define inclusion/exclusion criteria, develop spreadsheets for the data, perform pre-study (power calculation) and post-study statistical analysis.
- (4) Laboratory Research:** Residents may initiate a laboratory (animate or inanimate model) research project. This would require the resident, working closely with one of their faculty, to comply with regulatory (Animal Use Committee) requirements, define research procedures and protocols, develop spreadsheets for the data, perform pre-study (power calculation) and post-study statistical analysis.

All residents are encouraged to complete a research project and present orally on Resident Research Day (RRD)

All Surgery residents are encouraged to present their projects at the annual Resident Research Day. Typically the Resident Research Day is scheduled in May. The exact date and call for abstracts will be announced well in advance.

Residents may (with approval of the Program Director) be assigned to protected research time. In this event, periodic progress reports will be required.

RESIDENT COMPLAINTS

The Department shall follow and utilize the Institutional policy regarding resident complaints or grievances found in the current edition of the *House Staff Policies and Procedures* contained herein.

DEPARTMENTAL POLICY- USLME STEP 3

The cost of one examination fee will be provided by the department.

No later than November 30 of their PGY 1 year for those residents beginning their residency July 1 of current year and thereafter, all PGY 1 residents must present written proof to their Program Director and the GME Office of having taken USMLE, Step III and having taken and passed USMLE, Step II CK and CS, or their equivalents. No later than March 1 of the PGY 2 year, or 4 months before the end of a resident's PGY 2, year, all residents shall be required to present proof to the GME Office and Program Director, of passing Step III of USMLE, or its equivalent, within the number of attempts permitted for Texas licensure.

If a resident does not pass Steps II and III of the USMLE no later than March 1, or 4 months before the end of their PGY 2 year, a new TTUHSC GME Program Agreement will NOT be offered to the resident. However, the resident will be required to complete the current agreement, i.e. serve until June 30th of that year unless other facts/conditions apply.

If a resident passes Step III of USMLE subsequent to March 1 of the PGY 2 year, but prior to June 30 of that year, or before the end of their PGY 2 year, a new TTUHSC GME Program Agreement may, at the discretion of the Program Director, be offered, if the program has not already filled the position.

Should a resident fail USMLE Step 3, the cost of additional examinations will be the responsibility of the resident. Additionally, any and all arrangements and costs for review courses or materials will be the responsibility of the resident.

New residents are expected to sign and adhere to the Departmental Policy – USLME Step 3 form. Departmental policy supersedes institutional policy on this issue.

Impaired Resident Policy

The Department of Surgery will adhere to and follow the TTUHSC House staff Policies and Procedures section IV.G regarding issues related to or pertaining to resident impairment.

*"G. **Physician Impairment.** Each resident is responsible for knowing the contents of and complying with the TTUHSC Policy for Impaired Physicians which is distributed at orientation and is available in the GME Office and on the*
TTUHSC GME Website

*http://www.ttuhsoc.edu/som/gme/documents/lubbock_gme_docs/Policies/HS_PandPs_070113.pdf
policy for Evaluation and Treatment of Impaired Physicians or House Staff.*

Moonlighting Policy

Due to the demand of your academic responsibilities and quality of life interests our Department does not allow moonlighting.

Policy on Fatigue

It is imperative that all faculty and residents are constantly aware of the detrimental effects of fatigue on productivity, learning, and patient care.

Every effort must be made to detect the early signs of fatigue which include, but are not limited to:

1. Drowsiness while driving to or from the hospital
2. Falling asleep at conferences
3. Losing the ability to focus in the operating room

Each resident will keep accurate records of their duty hours and report violations to the Program Director.

The Chief/ Senior Resident must be aware of the hours that each resident is working and send residents home before they violate the Bell Commission Guidelines.

The Program Director will assure compliance with the ACGME guidelines concerning duty hours.

1. Duty hours will be limited to 80-hours per week, averaged over a four-week period, inclusive of all in-house call activities. Duty hours do not include reading and preparation time spent away from the duty site.
2. Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities.
3. PGY 1 residents must not exceed 16 hours in duration.
4. PGY 2-5 May be scheduled a maximum of 24 hours of continuous duty.

ACGME guidelines for Duty hours and Fatigue can be located here: Program specific program requirements sections VI.G. & VI.C.

The Chief/ Senior Resident will report to the Program Director if he/she is concerned that residents are working while fatigued, and the Program Director will take immediate action to rectify the situation.

Each resident is encouraged to notify the Program Director if they find themselves in a situation where they feel that they are being asked to perform duties while fatigued.

RESIDENT LEAVE POLICY

Sick Leave

-Once a resident determines he/she will be unable to be at work due to illness/emergency it shall be their responsibility to notify the Service Chief/ Senior Resident by 0600 on the given day or sooner if possible.

-The Service Chief/ Senior Resident will make the necessary adjustments to the schedules as needed.

-The Service Chief/ Senior Resident will notify the Program Director and any/all other individuals as necessary of the absence.

-The Service Chief/ Senior Resident will notify the Residency Coordinator who will prepare the appropriate sick leave form for submission to Human Resources.

-If the Service Chief/ Senior Resident is unavailable the acting Service Chief/ Senior Resident will assume the duties as listed above.

The number of sick days allowed each year is set in the House Staff Policy and is subject to change. As of May 2014 a maximum of 12 sick days are allowed each year.

Vacation Leave

-PGY1 and PGY2: 21 days total. All 21 days cannot be taken at once. .

-PGY3-5: 28 days total. All 28 cannot be taken at once or in the same half of the year. 14 can be taken the first half of the year and 14 can be taken the second half of the year.

-ALL VACATION/CME REQUESTS FOR THE YEAR ARE DUE BY JUNE 30TH FOR CURRENT RESIDENTS. NO VACATION IS ALLOWED IN JUNE OR JULY. PGY I MUST SUBMIT VACTION REQUESTS BY JULY 15TH. IF THESE REQUESTS ARE NOT RECEIVED BY THE DEADLINE VACATION AND CME DATES WILL BE ASSIGNED TO THE RESIDENT.

LEAVE MAY NOT BE TAKEN IMMEDIATELY PRIOR OR AFTER ANY SCHEDULED HOLIDAY.

BEFORE LEAVE IS GRANTED, A LEAVE REQUEST MUST BE SUBMITTED TO THE SERVICE CHIEF/ SENIOR RESIDENT BY THE ESTABLISHED DEADLINE. LEAVE WILL BE GRANTED ONLY IF REQUEST HAS BEEN SIGNED AND APPROVED BY PROGRAM DIRECTOR.

IF ADJUSTMENTS TO APPROVED VACATION OR CME IS REQUIRED, A LEAVE REQUEST MUST BE APPROVED BY THE PROGRAM DIRECTOR AT LEAST 90 DAYS PRIOR TO FIRST OF THE MONTH OF THE REQUESTED LEAVE.

VACATION LEAVE IS NOT ALLOWED WHILE ON NIGHT FLOAT.

Other

-Upon receipt of a jury summons notify the Service Chief/ Senior Resident and Chair/Program Director. Typically residents are excused being as they are a "resident in training".

Continued Medical Education

Financial Support: Specific funding amounts are a departmental decision and will be allotted on a "funds as available" basis and are not guaranteed..

Educational Leave Time: Specific educational leave time is a departmental decision and must be consistent with:

- a) Respective program RRC guidelines
- and b) Appropriate continuity of patient care.

Please note: CME time and allowances are a privilege offered by the department. See further details below.

Maximum Annual Allowances:

PGY I - No CME time \$600
allowance PGY II-III – 3 days and
\$1,200
PGY IV - 5 days and
\$1,750 PGY V - 5 days
and \$2,000

Use of Funds: Resident CME/Professional Development support funds must be used for bonafide CME. This may include any of the following:

- ☐ Meetings (**May attend one meeting per year**)
- ☐ Instructional CD-ROMs, Audio and Video Tapes

Funds may not be applied toward personal computers, hand-held computers, or computer accessories unless authorized by the chair of the Department.

A portion of the funds may be applied toward text books. The total amount that can be allotted for this purpose may not exceed 20% of the year's allowance. The amount for books may be increased or decreased at the discretion of the department chair.

All CME allocations for educational materials and travel are subject to the approval of the program director, regional chair, the regional dean, and the Texas Tech University Health Sciences Center travel office.

IMPORTANT:

CME time is a privilege offered by the department. As such it must be earned and will be allotted at the discretion by the Program Director in the following manner:

- ☐ CME will be automatic during the first year.
- ☐ Continuation access to CME funds may be withheld as part of a remediation plan or for failure to uphold reporting requirements of resident.

Department policy regarding documentation of Histories and Physical Examinations

All admission H&P's will be dictated via the hospital dictation service or typed in the hospital EMR. Preoperative H&P's are to be present on the patient's chart prior to the time of surgery (i.e. in the holding area). All other H&P's are to be on the patient's chart within 24 hours of admission-pursuant to hospital requirements. This is to include, but not limited to, ER admissions, consults, direct admissions, and all preoperative patients.

DEPARTMENTAL POLICY- WEEKLY/MONTHLY REQUIREMENTS

MORBIDITY AND MORTALITY LOGS

Each resident is responsible each week for self-reporting his/her morbidity and mortality information and completing the M&M Case sheets prior to the weekly M&M conference. Failure to report a morbidity or mortality will be considered a critical failure of the Professionalism competency and may result in an adverse action (probation, non-promotion, non-retention)

WORK HOURS

Work hours should be completed in New Innovations the Monday of the following week.

ACGME CASE LOG

Every resident is to update their ACGME Case Log weekly . If a resident has no cases to add for the preceding week the resident should log into the ACGME Case Log to review numbers for accuracy.

MEDICAL RECORDS

Every resident should complete their medical records on a weekly basis.

READING ASSIGNMENTS

- ☐ Reading assignments on different rotations will be at the discretion of the attending.
- ☐ Reading assignments are defined on the curriculum distributed by the Program Director.
- ☐ Journal club articles – chosen for Journal club for all residents to be able to discuss on the assigned meeting
- ☐ Articles provided by faculty for residents to be able to discuss at anytime.

JOURNAL CLUB

The objectives of the Journal Club are to give the resident opportunity to develop skills in evaluating research design, interpreting data, critically evaluating methodologies, analysis and conclusions of research findings in the field of reproductive science. It also provides a forum for developing skills in oral presentations. Journal Club will meet monthly. The given resident/faculty pair should provide a copy of the articles to the program coordinator such that the articles may be disseminated at least 1 week prior to the journal club. PowerPoint presentations of the journal review are discouraged.

PRESENTATION OF JOURNAL CLUB ARTICLES

1. Keep the presentation to 10-15 minutes depending on the complexity of the paper. If the paper is very long, complex or technical, present the most salient information, but keep to the time limit.
2. Presentations should state the title, author's journal, and institution where the work was done.
3. Present enough background information so the rationale for the study can be understood. Do not present a complete in depth review of the subject. Remember, all participants in Journal Club will have read the article. THE PRESENTER IS NOT EXPECTED TO READ HIS HIGHLIGHTED NOTES TO THE AUDIENCE.
4. State the hypothesis being tested or the question being asked.
5. Describe the type of study design and the method of analysis.
6. Present results by referring to the data in the text in a way that the listener can easily follow.
7. State the conclusion of the study.
8. Evaluate the strengths or weaknesses of the study.

The presentation will be followed by discussion or questions from the audience lasting 10-15 minute.

Attachment: Overall Education Goals

Goals and Objectives
Texas Tech University Health Science Center Permian Basin
Residency Program in
Surgery

Goals:

Demonstrate sufficient medical knowledge, patient care, technical and non-technical skills, communication and interpersonal skills, professionalism, commitment to practice based and lifelong learning and understanding of systems based practice to practice General Surgery competently and independently.

Objectives:

Medical Knowledge:

1. Demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care.
2. Demonstrate knowledge of the scientific information pertaining to the art and science of surgery.
3. Demonstrate an understanding of the fundamentals of clinical science as applied to surgery, including, but not limited to:
 - a. surgical anatomy
 - b. surgical pathology
 - c. wound healing
 - d. homeostasis
 - e. shock and circulatory physiology
 - f. hematologic disorders
 - g. immunobiology
 - h. transplantation
 - i. oncology
 - j. surgical endocrinology
 - k. surgical nutrition
 - l. fluid and electrolyte balance
 - m. metabolic response to injury and burns.

Patient Care:

1. Demonstrate the ability to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.
2. Demonstrate the ability to optimally evaluate and manage surgical diseases including but not limited to illnesses and injuries:
 - a. gastrointestinal tract including:
 - i. esophagus
 - ii. stomach
 - iii. small intestine
 - iv. large intestine
 - b. hepatopancreaticobiliary system
 - c. head and neck
 - d. breast
 - e. integument
 - f. endocrine system
 - g. peripheral vascular system
 - h. chest
 - i. abdominal wall
3. Demonstrate the ability to optimally evaluate and manage surgical illnesses and injuries in pediatric, adult and geriatric patients.
4. Demonstrate the ability to evaluate and manage critically ill patients including but not limited to:
 - a. respiratory failure
 - b. shock
 - c. sepsis
 - d. burns
 - e. malnutrition
 - f. multiorgan failure
 - g. systemic inflammatory response syndrome
 - h. malignancy
 - i. coagulopathy
 - j. placement of invasive monitoring devices
5. Demonstrate the ability to perform surgical procedures for the management of diseases including but not limited to illnesses and injuries of the:
 - a. gastrointestinal tract including:
 - i. esophagus

- ii. stomach
 - iii. small intestine
 - iv. large intestine
- b. hepatopancreaticobiliary system
- c. head and neck
- d. breast
- e. integument
- f. endocrine system
- g. peripheral vascular system
- h. chest
- i. abdominal wall

Communication and Interpersonal Skills:

1. Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and other health professionals.
2. Communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds;
3. Communicate effectively with physicians, other health professionals, and health related agencies.
4. Maintain comprehensive, timely, and legible medical records.
5. Counsel and educate patients, families, students, residents and other health professionals.

Professionalism:

1. Residents must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles and sensitivity to a diverse patient population.
2. Work effectively as a member or leader of a health care team or other professional group.
3. Act in a consultative role to other physicians and health professionals.
4. Demonstrate compassion, integrity, and respect for others
5. Demonstrate a responsiveness to patient needs that supersedes self-interest
6. Display respect for patient privacy and autonomy
7. Demonstrate accountability to patients, society and the profession; and

8. Display sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.
9. Demonstrate high standards of ethical behavior, and a commitment to continuity of patient care.

Practice Based Learning:

1. Demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning.
2. Identify strengths, deficiencies, and limits in one's knowledge and expertise;
3. Develop learning and improvement goals.
4. Identify and participate in appropriate learning activities
5. Analyze practices using quality improvement methods, and implement changes with the goal of improved outcomes.
6. Incorporate evaluation feedback into daily practice
7. Appraise and assimilate evidence from scientific studies into their care of patients with surgical illnesses and injuries.
8. Use information technology to optimize patient outcomes.
9. Participate in quality improvement (Morbidity and Mortality) conferences that evaluate and analyze patient care outcomes.
10. Utilize an evidence-based approach to patient care.

Systems Based Practice:

1. Demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.
2. Provide patient care in a variety of health care delivery settings and systems.
3. Coordinate patient care within the health care system.
4. Demonstrate knowledge of cost and risk-benefit analysis in patient and/or population-based care.
5. Advocate for quality patient care and optimal patient care systems
6. Cooperate with inter-professional teams to enhance patient safety and

improve patient outcomes.

7. Identify system errors and implement potential systems solutions.
8. Practice high quality, cost effective patient care.
9. Demonstrate an understanding of the role of different specialists and other health care professionals in overall patient management.

Attachment: Competency Goals and Objectives

**Texas Tech University Health Science Center Permian Basin
Surgery Rotation
Medical Center Hospital, Odessa TX**

Goals

1. Demonstrate an understanding of the pathophysiologic effect of surgical illness and injury.
2. Demonstrate the ability to effectively manage the care of a patient with surgical illness or injuries.
3. Demonstrate the knowledge and ability to manage a variety of healthcare services for surgical illness or injuries.
4. Develop the knowledge and skills necessary to independently care for patients with surgical illnesses or injuries.

Objectives

PGY 1

Medical Knowledge

1. Discuss the anatomy and physiology of the abdominal wall, stomach, small intestine, colon, hepatobiliary system, pancreas, vascular system, integument, breast, and endocrine system in adult and geriatric patients.
2. Discuss the pathophysiology and natural history of surgical illnesses and injuries of the abdominal wall, stomach, small intestine, colon, hepatobiliary system, pancreas, Vascular system, integument, breast, and endocrine system in adult and geriatric patients.
3. Discuss the symptoms, signs and clinical findings suggestive of acute illnesses and injuries of abdominal wall, stomach, small intestine, colon, hepatobiliary system, pancreas, vascular system, integument, breast, and endocrine system diseases in adult and geriatric patients.
4. Discuss the various laboratory and radiology studies that can be used in the evaluation of acute illnesses and injuries of the abdominal wall, stomach, small intestine, colon, hepatobiliary system, pancreas, vascular system, integument, breast, and

endocrine system.

5. Discuss the general principles of the hormonal response to acute illnesses and injuries with the potential metabolic and physiologic consequences in adult and geriatric patients and options for the management of these changes.
6. Describe the options for the management of comorbid conditions in adult and geriatric patients with acute illnesses and injuries including but not limited to:
 - a. diabetes
 - b. pulmonary diseases
 - c. cardiac diseases
 - d. renal disease
 - e. coagulopathy
 - f. malnutrition
 - g. immunosuppression
7. Discuss options in the management of abnormalities of fluid, electrolytes and coagulation that may be associated with surgical illnesses and injuries.
8. Identify the risk factors associated with morbidity and mortality in adult and geriatric patients with surgical illnesses and injuries and methods to manage these factors.
9. Describe the symptoms, signs and physical findings suggestive of possible complications of surgical illnesses and injuries.
10. Discuss the options for deep venous thrombosis prophylaxis, antibiotics and cardiac risk prophylaxis for critically ill or injured patients.
11. Discuss the composition of the various blood products and options in the use of blood and blood products.
12. Discuss options for the management of pain in patients with surgical illness or injury.
13. Describe surgical options for the management of surgical illnesses and injuries.
14. Discuss the indications and possible complications of diagnostic and therapeutic rigid and flexible endoscopic procedures on patients with surgical illness or injury including but not limited to:
 - a. laryngotracheoscopy

- b. esophagogastroduodenoscopy
 - c. proctosigmoidoscopy
 - d. colonoscopy
- 15. Discuss postoperative follow up and rehabilitation for patients with surgical illnesses and injuries including, but not limited to:
 - a. wound care
 - b. dietary restrictions
 - b. drain care
 - c. stoma care
 - d. reconditioning
 - e. clinic visits
 - f. pain management
 - g. counseling
 - h. maintenance of health
 - i. further evaluation and treatments

Patient Care

1. Using an evidence based review of the literature, provide appropriate evaluation, treatment and monitoring of patients with surgical illnesses and injuries.
2. Administer appropriate fluids and electrolytes to surgical patients during the pre and post operative period.
3. Select and apply appropriate dressings and antibacterials.
4. Using an evidence based review of the literature, appropriately manage the systemic effects of surgical illness or injury, including, but not limited to:
 - a. Gastrointestinal problems
 - b. Immunologic problems
 - c. Cardio-respiratory problems
 - d. Nutritional problems
5. Administer appropriate blood and blood products to patients with surgical illnesses and injuries
6. Provide appropriate wound care including, but not limited to:
 - a. surgical and enzymatic debridement of infected and necrotic tissues
 - b. vacuum assisted wound closure
7. Provide acceptable management of pain.
8. Perform an accurate problem specific physical examination on each patient daily and document the results.
9. Maintain a current problem list on each patient on the service with

therapeutic plans.

10. Promptly evaluate and report to appropriate members of the health care team all unexpected or adverse events.
11. Satisfactorily perform diagnostic and therapeutic flexible laryngotracheoscopy, esophagogastroduodenoscopy, colonoscopy and flexible proctosigmoidoscopy on patients with surgical illness or injuries.
12. Coordinate postoperative follow up and rehabilitation for patients with surgical illnesses and injuries including, but not limited to:
 - a. wound care
 - b. dietary restrictions
 - b. drain care
 - c. stoma care
 - d. reconditioning
 - e. clinic visits
 - f. pain management
 - g. counseling
 - h. maintenance of health
 - i. further evaluation and treatments

Professionalism

1. Discuss ethical and legal principals in the management of patients with surgical illnesses and injuries.
2. Describe ethnic and cultural factors which should be considered in the management of patient's with surgical illnesses and injuries.
3. Describe evidence based options and controversies in the clinical management of patients with surgical illnesses and injuries with students and other members of the health care team.
4. Discuss evidence-based recommendations for the management of surgical patients with students and other members of the health care team.
5. Provide care that is respectful of the diverse characteristics and cultures of their patients.
6. Consult other members of the health care team when confronted with unusual or complex situations.
7. Interact with all members of the health care team in a respectful manner at all times.
8. Adhere to all applicable standards of dress and demeanor

Interpersonal and Communication Skills

1. Effectively transfer appropriate information to patients with surgical illnesses or injuries and their families.

2. Effectively educate patient with surgical illnesses or injuries and their families regarding treatment options with the potential risks and benefits of the various options.
3. Effectively transfer clinically relevant information to all members of the healthcare team.
4. Appropriately communicate with physicians, nurses, and other members of the healthcare team in a respectful and professional manner.
5. Document the status of each assigned patient in the medical record daily and after each major change in the patient's clinical status in a timely manner.
6. Participate in multidisciplinary discussions in the care of patients with surgical illnesses or injuries.
7. Encourage all members of the healthcare team to participate in the treatment plans for patients with surgical illnesses or injuries.
8. Consult other members of the health care team when confronted with an unusual or complex situation.

Practice Based Learning

1. Critically evaluate the outcomes of each patient to identify opportunities for improvement in the quality of the care provided to patients with surgical illnesses or injuries.
2. Describe how outcomes data can be used to develop new policies and procedures to improve the outcomes of patients with surgical illnesses or injuries.
3. Describe how the retrospective evaluation of the outcomes of specific groups of patients can be used to evaluate the current policies regarding the care of patients with surgical illnesses or injuries.
4. Maintain a personal portfolio of experience with patients with surgical illnesses or injuries including outcomes and the critical evaluation of unexpected or adverse events.

Systems Based Practice

1. Document in accordance with service and hospital policy:
 - a. History and physical examination
 - b. progress notes
 - c. transfer and discharge summaries
 - d. procedure notes
2. Describe systems based elements which have been shown to improve outcomes in patients with surgical illnesses or injuries.

3. Identify the systems based elements available at a tertiary care hospital and describe which patients with surgical illnesses or injuries require these elements.
4. Describe patient factors in patients with surgical illnesses or injuries which might indicate a need for referral to another facility.
5. Assess the availability of other components of the healthcare team in the overall management of the acutely ill or injured patient including, but not limited to:
 - a. Physical therapy
 - b. Occupational therapy
 - c. Psychological counseling
 - d. Recreational therapy
 - e. Nursing
6. Summarize the activities of other available members of the healthcare team in the overall management of patients with surgical illnesses or injuries to include the following:
 - a. Physical therapy
 - b. Occupational therapy
 - c. Psychological counseling
 - d. Recreational therapy
 - e. Nursing
7. Utilize system resources effectively to provide appropriate post discharge care.
8. Obtain informed consent in accordance with service and hospital policy from the patient or other designated person prior to performing any invasive procedure.
9. Perform and document a “timeout” in accordance with service and hospital policy before all invasive procedures
10. Time and date all medical record entries in accordance with hospital and service policy.
11. Describe and strictly comply with all Residency Review Committee (RRC), State of Texas and Texas Tech University Health Sciences Center requirements including, but not limited to:
 - a. duty hours
 - b. identification of resident fatigue
 - c. educational requirements

- d. physician impairment
- e. sexual misconduct
- f. unprofessional behavior

PGY 2

Medical Knowledge

1. As a prerequisite to beginning the Texas Tech University Health Sciences Center Permian Surgery Rotation at the PGY 2 level, the residents will be expected to have attained the Knowledge objectives for PGY 1 residents.
2. Discuss the anatomy and physiology of the abdominal wall, stomach, small intestine, colon, hepatobiliary system, pancreas, vascular system, integument, breast, and endocrine system in adult and geriatric patients.
3. Discuss the pathophysiology and natural history of surgical illnesses and injuries of the abdominal wall, stomach, small intestine, colon, hepatobiliary system, pancreas, vascular system, integument, breast, and endocrine system in adult and geriatric patients.
4. Discuss possible variations in the symptoms, signs and clinical findings suggestive of surgical illnesses and injuries of abdominal wall, stomach, small intestine, colon, hepatobiliary system, pancreas, vascular system, integument, breast, and endocrine system diseases in adult and geriatric patients.
5. Discuss the various laboratory and radiology studies that can be used in the evaluation of surgical illnesses and injuries of the abdominal wall, stomach, small intestine, colon, hepatobiliary system, pancreas, vascular system, integument, breast, and endocrine system with an evidence based discussion of the accuracy of each.
6. Discuss the general principles of the hormonal response to surgical illnesses and injuries with the potential metabolic and physiologic consequences in adult and geriatric patients and options for the management of these changes with an evidence based discussion of the effectiveness and possible complications of each.
7. Describe the options for the management of comorbid conditions with evidence based discussion of the effectiveness and possible complications of each in adult and geriatric patients with surgical

illnesses and injuries including but not limited to:

- a. diabetes
 - b. pulmonary diseases
 - c. cardiac diseases
 - d. renal disease
 - e. coagulopathy
 - f. malnutrition
 - g. immunosuppression
8. Discuss options for the management of the abnormalities of fluid, electrolytes and coagulation that may be associated with surgical illnesses and injuries.
9. Identify the risk factors associated with morbidity and mortality in adult and geriatric patients with surgical illnesses and injuries and methods to manage these factors.
10. Describe the symptoms, signs and physical findings suggestive of possible complications of surgical illnesses and injuries.
11. Discuss the options for deep venous thrombosis prophylaxis, antibiotics and cardiac risk prophylaxis for critically ill or injured patients with an evidence based discussion of the effectiveness and possible complications of each.
12. Discuss the composition of the various blood products and options in the use of blood and blood products with an evidence based discussion of the effectiveness and possible complications of each.
13. Discuss options for the management of pain in the surgical patient with an evidence based discussion of the effectiveness and possible complications of each.
14. Describe options for the surgical management of surgical illnesses and injuries.
15. Discuss the indications for and the possible complications of diagnostic and therapeutic rigid and flexible endoscopic procedures on patients with surgical illnesses or injuries including but not limited to:
 - a. laryngotracheoscopy
 - b. esophagogastroduodenoscopy
 - c. proctosigmoidoscopy
 - d. colonoscopy
16. Discuss postoperative follow up and rehabilitation for patients with surgical illnesses and injuries including, but not limited to:
 - a. wound care
 - b. dietary restrictions

- b. drain care
- c. stoma care
- d. reconditioning
- e. clinic visits
- f. pain management
- g. counseling
- h. maintenance of health
- i. further evaluation and treatments

Patient Care

1. As a prerequisite to beginning the Texas Tech University Health Sciences Center Permian Basin Surgery Rotation at the PGY 2 level, the residents will be expected to fulfill the Patient Care objectives for PGY 1 residents.
2. Using an evidence based review of the literature, provide appropriate evaluation, treatment and monitoring of patients with surgical illnesses and injuries.
3. Administer appropriate fluids and electrolytes in surgical patients during the pre and post operative period.
4. Select and apply appropriate dressings and antibacterials.
5. Using an evidence based review of the literature, appropriately manage the systemic effects of surgical illness or injury, including but not limited to
 - a. Gastrointestinal problems
 - b. Immunologic problems
 - c. Cardio-respiratory problems
 - d. Nutritional problems
6. Administer appropriate blood and blood products to patients with surgical illnesses and injuries.
7. Provide appropriate wound care including, but not limited to:
 - a. surgical and enzymatic debridement of infected and necrotic tissues
 - b. vacuum assisted wound closure
8. Provide acceptable management of pain.
9. Perform an accurate problem specific physical examination on each patient daily and document the results.
10. Maintain a current problem list on each patient on the service with therapeutic plans.
11. Promptly evaluate and report to appropriate members of the health care team all unexpected or adverse events.

12. Satisfactorily perform diagnostic and therapeutic flexible laryngotracheoscopy, esophagogastroduodenoscopy, colonoscopy and flexible proctosigmoidoscopy on patients with surgical illnesses or injuries.
13. Coordinate postoperative follow up and rehabilitation for patients with surgical illnesses and injuries including, but not limited to:
 - a. wound care
 - b. dietary restrictions
 - c. drain care
 - d. stoma care
 - e. reconditioning
 - f. clinic visits
 - g. pain management
 - h. counseling
 - i. maintenance of health
 - i. further evaluation and treatments

Professionalism

1. Discuss ethical and legal principals in the management of patients with surgical illnesses and injuries.
2. Describe ethnic and cultural factors which should be considered in the management of patient's with surgical illnesses and injuries.
3. Describe evidence based options and controversies in the clinical management of patients with surgical illnesses and injuries with students and other members of the health care team.
4. Discuss evidence-based recommendations for the management of patients with surgical illnesses or injuries with students and other members of the health care team.
5. Provide care that is respectful of the diverse characteristics and cultures of their patients.
6. Consult other members of the health care team when confronted with unusual or complex situations.
7. Interact with all members of the health care team in a respectful manner at all times.
8. Adhere to all applicable standards of dress and demeanor

Interpersonal and Communication Skills

1. Effectively transfer appropriate information to patients with surgical illnesses or injuries and their families.
2. Effectively educate patients with surgical illnesses or injuries and their families regarding treatment options with the potential risks and benefits of the various options.

3. Effectively transfer clinically relevant information to all members of the healthcare team.
4. Appropriately communicate with physicians, nurses, and other members of the healthcare team in a respectful and professional manner.
5. Document the status of each assigned patient in the medical record daily and after each major change in the patient's clinical status in a timely manner.
6. Participate in multidisciplinary discussions in the care of the patient with an surgical illness or injury.
7. Encourage all members of the healthcare team to participate in the treatment plans for the patients with surgical illnesses or injuries.
8. Consult other members of the health care team when confronted with an unusual or complex situation.

Practice Based Learning

1. Critically evaluate the outcomes of each patient to identify opportunities for improvement in the quality of the care provided to the patients with surgical illnesses or injuries.
2. Describe how outcomes data can be used to develop new policies and procedures to improve the outcomes of patients with surgical illnesses or injuries.
3. Describe how the retrospective evaluation of the outcomes of specific groups of patients can be used to evaluate the current policies regarding the care of patients with surgical illnesses or injuries.
4. Maintain a personal portfolio of experience with patients with surgical illnesses or injuries including outcomes and critical evaluation of unexpected or adverse events.

Systems Based Practice

1. Document in accordance with service and hospital policy:
 - a. History and physical examination
 - b. progress notes
 - c. transfer and discharge summaries
 - d. procedure notes
2. Describe systems based elements which have been shown to improve outcomes in patients with surgical illnesses or injuries.
3. Identify the systems based elements available at a tertiary care hospital and describe which patients with surgical illnesses or injuries require these elements.

4. Describe patient factors in patients with surgical illnesses or injuries which might indicate a need for referral to another facility.
5. Assess the availability of other components of the healthcare team in the overall management of patients with surgical illnesses or injuries including, but not limited to:
 - a. Physical therapy
 - b. Occupational therapy
 - c. Psychological counseling
 - d. Recreational therapy
 - e. Nursing
6. Summarize the activities of other available members of the healthcare team in the overall management of patients with surgical illnesses or injuries to include the following:
 - a. Physical therapy
 - b. Occupational therapy
 - c. Psychological counseling
 - d. Recreational therapy
 - e. Nursing
7. Utilize effectively system resources to provide appropriate post discharge care.
8. Obtain informed consent in accordance with service and hospital policy from the patient or other designated person prior to performing any invasive procedure
9. Perform and document a “timeout” in accordance with service and hospital policy before all invasive procedures
10. Time and date all medical record entries in accordance with hospital and service policy.
11. Describe and strictly comply with all Residency Review Committee (RRC), State of Texas and Texas Tech University Health Sciences Center requirements including, but not limited to:
 - a. duty hours
 - b. identification of resident fatigue
 - c. educational requirements
 - d. physician impairment
 - e. sexual misconduct
 - f. unprofessional behavior

PGY 3

Medical Knowledge

1. As a prerequisite to beginning the Texas Tech University Health Sciences Center Permian Surgery Rotation at the PGY 3 level, the residents will be expected to have attained the Knowledge objectives for PGY 1 and PGY 2 residents.
2. Describe options for the non-operative and operative management of surgical illnesses and injuries with an evidence based discussion of the effectiveness and possible complications and long term outcomes of each.
3. Describe the technical aspects of the various surgical procedures which can be used to manage patients with surgical illness or injuries with attention to the anatomy and potential damage to adjacent structures.
4. Describe the possible physiologic consequences of the various surgical procedures for the management of surgical illness or injury with an evidence based discussion of the incidence of these problems and methods to prevent them.
5. Discuss the risks, potential benefits and possible complications of the procedures which can be used to manage surgical illnesses and injuries.
6. Describe the long term outcomes of the various surgical options which can be used for the management of patients with surgical illnesses or injuries.
6. Describe the various incisions that can be utilized to surgically manage surgical illnesses and injuries including, but not limited to those of the:
 - a. head and neck
 - b. chest
 - c. abdomen
 - d. vascular system
 - e. genitourinary system
7. Discuss the concept of minimally invasive surgery including, but not limited to:
 - a. physiologic consequences
 - d. advantages

- b. immunological effects
 - c. indications
 - e. costs
- 8. Describe the technical aspects of the various minimally invasive surgical procedures which can be used to manage patients with surgical illnesses or injuries.
- 9. Describe techniques for hemostasis in both traditional and minimally invasive surgical procedures with the effectiveness, limitations and cost of each.
- 10. Describe techniques of tissue handling and dissection in both traditional and minimally invasive surgical procedures.
- 11. Describe the various options for reconstruction, with an evidence based discussion of the potential complications and physiologic consequences of each, after resective procedures including, but not limited to those of the:
 - a. gastrointestinal tract
 - b. genitourinary system
 - c. pancreatobiliary system
 - d. vascular system
- 12. Describe the technical aspects of the various options for reconstruction after resective procedures including, but not limited to:
 - a. hand sewn or mechanical anastomosis
 - b. permanent or absorbable suture
 - c. use of prosthetic materials
- 13. Describe the technical aspects of closure of the surgical incision including, but not limited to:
 - a. permanent or absorbable suture
 - b. monofilament or braided suture
 - c. use of prosthetic materials
- 14. Describe the name and proper use of operating room instruments and equipment used in the care of patients with acute illnesses and injuries at the Medical Center Hospital.

Patient Care

1. As a prerequisite to beginning the Texas Tech University Health Sciences Center Permian Basin Surgery Rotation at the PGY 3 level, the residents will also be expected to fulfill the Patient care objectives for PGY 1 and PGY 2 residents.
2. Perform, with appropriate supervision, surgical procedures for the

management of patients with surgical illness or injuries.

3. Make appropriate incisions to surgically manage patients with surgical illnesses and injuries including, but not limited to those of the:
 - a. head and neck
 - b. chest
 - c. abdomen
 - d. vascular system
 - e. genitourinary system
4. Perform, with appropriate supervision, minimally invasive surgical procedures for patients with surgical illnesses or injuries.
5. Attain appropriate hemostasis in both traditional and minimally invasive surgical procedures.
6. Utilize appropriate techniques for tissue handling and dissection in both traditional and minimally invasive surgical procedures.
7. Perform, with appropriate supervision, procedures for reconstruction after resective procedures including, but not limited to those of the:
 - a. gastrointestinal tract
 - b. genitourinary system
 - c. pancreatobiliary system
 - d. vascular system
8. With appropriate supervision, correctly close surgical incisions.
9. Properly use the operating room instruments and equipment at the Medical Center Hospital.

Professionalism

1. Discuss ethical and legal principals in the management of patients with surgical illnesses and injuries.
2. Describe ethnic and cultural factors which should be considered in the management of patient's with surgical illnesses and injuries.
3. Describe evidence based options and controversies in the clinical management of patients with surgical illnesses and injuries with students and other members of the health care team.
4. Discuss evidence-based recommendations for the management of surgical patients with students and other members of the health care team.
5. Provide care that is respectful of the diverse characteristics and cultures of their patients.

6. Consult other members of the health care team when confronted with unusual or complex situations.
7. Interact with all members of the health care team in a respectful manner at all times.
8. Adhere to all applicable standards of dress and demeanor

Interpersonal and Communication Skills

1. Effectively transfer appropriate information to surgical patients and their families.
2. Effectively educate surgical patients and their families regarding treatment options with the potential risks and benefits of the various options.
3. Effectively transfer clinically relevant information to all members of the healthcare team.
4. Appropriately communicate with physicians, nurses, and other members of the healthcare team in a respectful and professional manner.
5. Document the status of each patient in their care in the medical record daily and after each major change in the patient's clinical status in a timely manner.
6. Participate in multidisciplinary discussions in the care of the surgical patient.
7. Encourage all members of the healthcare team to participate in the treatment plans for the surgical patient.
8. Consult other members of the health care team when confronted with an unusual or complex situation.

Practice Based Learning

1. Critically evaluate the outcomes of each patient in their care to identify opportunities for improvement in the quality of the care provided to the surgical patient.
2. Describe how outcomes data can be used to develop new policies and procedures to improve the outcomes of surgical patients.
3. Describe how the retrospective evaluation of the outcomes of specific groups of patients can be used to evaluate the current policies regarding the care of patients with surgical illnesses and injuries.
4. Maintain a personal portfolio of surgical experience with outcomes and critical evaluation of unexpected or adverse events.

Systems Based Practice

1. Document in accordance with service and hospital policy:
 - a. History and physical examination
 - b. progress notes
 - c. transfer and discharge summaries
 - d. procedure notes
2. Describe systems based elements which have been shown to improve outcomes in patients with surgical illnesses or injuries.
3. Identify the systems based elements available at a tertiary care hospital and describe which surgical procedures for patients with surgical illnesses or injuries can be appropriately performed in this setting.
4. Describe patient factors in patients with surgical illnesses or injuries which might indicate a need for referral to another facility.
5. Assess the availability of other components of the healthcare team in the overall management of patients with surgical illnesses or injuries including, but not limited to:
 - a. Physical therapy
 - b. Occupational therapy
 - c. Psychological counseling
 - d. Recreational therapy
 - e. Nursing
6. Summarize the activities of other available members of the healthcare team in the overall management of patients with surgical illnesses or injuries to include the following:
 - a. Physical therapy
 - b. Occupational therapy
 - c. Psychological counseling
 - d. Recreational therapy
 - e. Nursing
7. Utilize effectively system resources to provide appropriate post discharge care.
8. Obtain informed consent in accordance with service and hospital policy from the patient or other designated person prior to performing any invasive procedure
9. Perform and document a “timeout” in accordance with service and hospital policy before all invasive procedures
10. Time and date all medical record entries in accordance with

hospital and service policy.

11. Describe and strictly comply with all Residency Review Committee (RRC), State of Texas and Texas Tech University Health Science Center Permian Basin requirements including, but not limited to:
 - a. duty hours
 - b. identification of resident fatigue
 - c. educational requirements
 - d. physician impairment
 - e. sexual misconduct
 - f. unprofessional behavior

PGY 4

Medical Knowledge

1. As a prerequisite to beginning the Texas Tech University Health Sciences Center Permian Basin Surgery Rotation at the PGY 4 level, the residents will be expected to have attained the Knowledge objectives for PGY 1, PGY 2, and PGY 3 residents.
2. Describe options for the non-operative and operative management of surgical illnesses and injuries with an evidence based discussion of the effectiveness and possible complications and long term outcomes of each.
3. Describe the technical aspects of the various surgical procedures which can be used to manage patients with surgical illness or injuries with attention to the anatomy and potential damage to adjacent structures.
4. Describe the possible physiologic consequences of the various surgical procedures for the management of surgical illness or injury with an evidence based discussion of the incidence of these problems and methods to prevent them.
5. Discuss the risks, potential benefits and possible complications of the surgical procedures which can be used to manage surgical illnesses and injuries.
6. Describe the long term consequences of the various surgical options which can be used for the management of patients with surgical illnesses or injuries.
6. Describe the various incisions that can be utilized to surgically

manage surgical illnesses and injuries including, but not limited to those of the:

- a. head and neck
- b. chest
- c. abdomen
- d. vascular system
- e. genitourinary system

7. Discuss the concept of minimally invasive surgery including, but not limited to:

- a. physiologic consequences
- b. immunological effects
- c. indications
- d. advantages
- e. costs

8. Describe the technical aspects of the various minimally invasive surgical procedures which can be used to manage patients with surgical illnesses or injuries.

9. Describe techniques for hemostasis in both traditional and minimally invasive surgical procedures with the effectiveness, limitations and cost of each.

10. Describe techniques of tissue handling and dissection in both traditional and minimally invasive surgical procedures.

11. Describe the various options for reconstruction, with an evidence based discussion of the potential complications and physiologic consequences of each, after resective procedures including, but not limited to those of the:

- a. gastrointestinal tract
- b. genitourinary system
- c. pancreatobiliary system
- d. vascular system

12. Describe the technical aspects of the various options for reconstruction after resective procedures including, but not limited to:

- a. hand sewn or mechanical anastomosis
- b. permanent or absorbable suture
- c. use of prosthetic materials

13. Describe the technical aspects of closure of the surgical incision including, but not limited to:

- a. permanent or absorbable suture
- b. monofilament or braided suture

- c. use of prosthetic materials
- 14. Describe the name and proper use of operating room instruments and equipment used in the care of patients with acute illnesses and injuries at the Medical Center Hospital.
- 15. Describe the skills needed to be an effective leader of the health care team including, but not limited to:
 - a. how to be an effective leader of the healthcare team
 - b. methods to encourage input from members of the healthcare team
 - c. activities to educate members of the health care team
 - d. techniques to effectively communication with team members

Patient Care

- 1. As a prerequisite to beginning the Texas Tech University Health Sciences Center Permian Basin Surgery Rotation at the PGY 4 level, the residents will also be expected to fulfill the Patient care objectives for PGY 1, PGY 2 and PGY 3 residents.
- 2. Select and perform, with appropriate supervision, surgical procedures for the management of patients with surgical illness or injuries.
- 3. Make appropriate incisions to surgically manage patients with surgical illnesses and injuries including, but not limited to those of the:
 - a. head and neck
 - b. chest
 - c. abdomen
 - d. vascular system
 - e. genitourinary system
- 4. Perform, with appropriate supervision, minimally invasive surgical procedures for patients with surgical illnesses or injuries.
- 5. Attain appropriate hemostasis in both traditional and minimally invasive surgical procedures.
- 6. Utilize appropriate techniques for tissue handling and dissection in both traditional and minimally invasive surgical procedures.
- 7. Perform, with appropriate supervision, procedures for reconstruction after resective procedures including, but not limited to those of the:

- a. gastrointestinal tract
 - b. genitourinary system
 - c. pancreatobiliary system
 - d. vascular system
- 8. With appropriate supervision, correctly close surgical incisions.
- 9. Properly use the operating room instruments and equipment at the Medical Center Hospital.
- 10. With appropriate supervision, provide effective leadership of the healthcare team, including, but not limited to:
 - a. leading by example
 - b. encouraging input from members of the healthcare team
 - c. educating members of the health care team
 - d. providing appropriate supervision of the activities of the healthcare team
 - e. effectively communicating with team members
 - f. accepting responsibility for the activities of the healthcare team

Professionalism

- 1. Discuss ethical and legal principals in the management of patients with surgical illnesses and injuries.
- 2. Describe ethnic and cultural factors which should be considered in the management of patient's with surgical illnesses and injuries.
- 3. Describe evidence based options and controversies in the clinical management of patients with surgical illnesses and injuries with students and other members of the health care team.
- 4. Discuss evidence-based recommendations for the management of surgical patients with students and other members of the health care team.
- 5. Provide care that is respectful of the diverse characteristics and cultures of their patients.
- 6. Consult other members of the health care team when confronted with unusual or complex situations.
- 7. Interact with all members of the health care team in a respectful manner at all times.
- 8. Adhere to all applicable standards of dress and demeanor

Interpersonal and Communication Skills

- 1. Effectively transfer appropriate information to patients with surgical illnesses and injuries and their families.

2. Effectively educate patients with surgical illnesses and injuries and their families regarding treatment options with the potential risks and benefits of the various options.
3. Effectively transfer clinically relevant information to all members of the healthcare team.
4. Appropriately communicate with physicians, nurses, and other members of the healthcare team in a respectful and professional manner.
5. Document the status of each assigned patient in the medical record daily and after each major change in the patient's clinical status in a timely manner.
6. Participate in multidisciplinary discussions in the care of patients with surgical illnesses and injuries.
7. Encourage all members of the healthcare team to participate in the treatment plans for patients with surgical illnesses and injuries.
8. Consult other members of the health care team when confronted with an unusual or complex situation.

Practice Based Learning

1. Critically evaluate the outcomes of each patient to identify opportunities for improvement in the quality of the care provided to the surgery patient.
2. Describe how outcomes data can be used to develop new policies and procedures to improve the outcomes of patients with surgical illnesses and injuries.
3. Describe how the retrospective evaluation of the outcomes of specific groups of patients can be used to evaluate the current policies regarding the care of patients with surgical illnesses or injuries.
4. Maintain a personal portfolio of experience with patients with surgical illnesses and injuries including outcomes and critical evaluation of unexpected or adverse events.

Systems Based Practice

1. Document in accordance with service and hospital policy:
 - a. History and physical examination
 - b. progress notes
 - c. transfer and discharge summaries
 - d. procedure notes
2. Describe systems based elements which have been shown to improve outcomes in patients with surgical illnesses and injuries.
3. Identify the systems based elements available at a tertiary care

hospital and describe which patients with surgical illnesses and injuries require these elements.

4. Describe patient factors in patients with surgical illnesses or injuries which might indicate a need for referral to another facility.
5. Assess the availability of other components of the healthcare team in the overall management of patients with surgical illnesses and injuries including, but not limited to:
 - a. Physical therapy
 - b. Occupational therapy
 - c. Psychological counseling
 - d. Recreational therapy
 - e. Nursing
6. Summarize the activities of other available members of the healthcare team in the overall management of patients with surgical illnesses and injuries to include the following:
 - a. Physical therapy
 - b. Occupational therapy
 - c. Psychological counseling
 - d. Recreational therapy
 - e. Nursing
7. Utilize system resources effectively to provide appropriate post discharge care.
8. Obtain informed consent in accordance with service and hospital policy from the patient or other designated person prior to performing any invasive procedure
9. Perform and document a “timeout” in accordance with service and hospital policy before all invasive procedures
10. Time and date all medical record entries in accordance with hospital and service policy.
11. Describe and strictly comply with all Residency Review Committee (RRC), State of Texas and Texas Tech University Health Sciences Center requirements including, but not limited to:
 - a. duty hours
 - b. identification of resident fatigue
 - c. educational requirements
 - d. physician impairment

- e. sexual misconduct
- f. unprofessional behavior

PGY 5 (Chief Resident)

Medical Knowledge

1. As a prerequisite to beginning the Texas Tech University Health Science Center Surgery Rotation at the PGY 5 level, the residents will be expected to have attained the Knowledge objectives for PGY 1, PGY 2, PGY 3, and PGY 4 residents.
2. Describe options for the non-operative and operative management of surgical illnesses and injuries with an evidence based discussion of the effectiveness and possible complications and long term consequences of each.
3. Describe the technical aspects of the various surgical procedures which can be used to manage patients with surgical illness or injuries with attention to the anatomy and potential damage to adjacent structures.
4. Describe the possible physiologic consequences of the various surgical procedures for the management of surgical illness or injury with an evidence based discussion of the incidence of these problems and methods to prevent them.
5. Discuss the risks, potential benefits and possible complications of the surgical procedures which can be used to manage surgical illnesses and injuries.
6. Describe the long term outcomes of the various surgical options which can be used for the management of patients with surgical illnesses or injuries.
6. Describe the various incisions that can be utilized to surgically manage surgical illnesses and injuries including, but not limited to those of the:
 - a. head and neck
 - b. chest
 - c. abdomen
 - d. vascular system
 - e. genitourinary system
7. Discuss the concept of minimally invasive surgery including, but not

limited to:

- a. physiologic consequences
 - b. immunological effects
 - c. indications
 - d. advantages
 - e. costs
8. Describe the technical aspects of the various minimally invasive surgical procedures which can be used to manage patients with surgical illnesses or injuries.
 9. Describe techniques for hemostasis in both traditional and minimally invasive surgical procedures with the effectiveness, limitations and cost of each.
 10. Describe techniques of tissue handling and dissection in both traditional and minimally invasive surgical procedures.
 11. Describe the various options for reconstruction, with an evidence based discussion of the potential complications and physiologic consequences of each, after resective procedures including, but not limited to those of the:
 - a. gastrointestinal tract
 - b. genitourinary system
 - c. pancreatobiliary system
 - d. vascular system
 12. Describe the technical aspects of the various options for reconstruction after resective procedures including, but not limited to:
 - a. hand sewn or mechanical anastomosis
 - b. permanent or absorbable suture
 - c. use of prosthetic materials
 13. Describe the technical aspects of closure of the surgical incision including, but not limited to:
 - a. permanent or absorbable suture
 - b. monofilament or braided suture
 - c. use of prosthetic materials
 14. Describe the name and proper use of operating room instruments and equipment used in the care of patients with acute illnesses and injuries at the Medical Center Hospital.
 15. Describe the skills needed to be an effective leader of the health care team including, but not limited to:
 - a. how to be an effective leader of the healthcare team
 - b. methods to encourage input from members of the healthcare

- team
- c. activities to educate members of the health care team
- d. techniques to effectively communication with team members

Patient Care

1. As a perquisite to beginning the Texas Tech University Health Sciences Center Surgery Rotation at the PGY 5 level, the residents will also be expected to fulfill the Patient Care objectives for PGY 1, PGY 2, PGY 3 and PGY 4 residents.
2. Select and perform, with appropriate supervision, surgical procedures for the management of patients with surgical illness or injuries.
4. Make appropriate incisions to surgically manage patients with surgical illnesses and injuries including, but not limited to those of the:
 - a. head and neck
 - b. chest
 - c. abdomen
 - d. vascular system
 - e. genitourinary system
5. Perform, with appropriate supervision, minimally invasive surgical procedures for patients with surgical illnesses or injuries.
6. Attain appropriate hemostasis in both traditional and minimally invasive surgical procedures.
7. Utilize appropriate techniques for tissue handling and dissection in both traditional and minimally invasive surgical procedures.
8. Perform, with appropriate supervision, procedures for reconstruction after resective procedures including, but not limited to those of the:

a. gastrointestinal tract	b. genitourinary system
c. pancreatobiliary system	d. vascular system
9. With appropriate supervision, correctly close surgical incisions.
10. Properly use the operating room instruments and equipment at the Medical Center Hospital.
11. With appropriate supervision, provide effective leadership of the healthcare team, including, but not limited to:
 - a. leading by example

- b. encouraging input from members of the healthcare team
- c. educating members of the health care team
- d. providing appropriate supervision of the activities of the healthcare team
- e. effectively communicating with team members
- f. accepting responsibility for the activities of the healthcare team

Professionalism

- 1. Discuss ethical and legal principals in the management of patients with surgical illnesses and injuries.
- 2. Describe ethnic and cultural factors which should be considered in the management of patient's with surgical illnesses and injuries.
- 3. Describe evidence based options and controversies in the clinical management of patients with surgical illnesses and injuries with students and other members of the health care team.
- 4. Discuss evidence-based recommendations for the management of patients with surgical illnesses and injuries with students and other members of the health care team.
- 5. Provide care that is respectful of the diverse characteristics and cultures of their patients.
- 6. Consult other members of the health care team when confronted with unusual or complex situations.
- 7. Interact with all members of the health care team in a respectful manner at all times.
- 8. Adhere to all applicable standards of dress and demeanor

Interpersonal and Communication Skills

- 1. Effectively transfer appropriate information to patients with surgical illnesses and injuries and their families.
- 2. Effectively educate patients with surgical illnesses and injuries and their families regarding treatment options with the potential risks and benefits of the various options.
- 3. Effectively transfer clinically relevant information to all members of the healthcare team.
- 4. Appropriately communicate with physicians, nurses, and other members of the healthcare team in a respectful and professional manner.

5. Document the status of each assigned patient in the medical record daily and after each major change in the patient's clinical status in a timely manner.
6. Participate in multidisciplinary discussions in the care of patients with surgical illnesses and injuries.
7. Encourage all members of the healthcare team to participate in the treatment plans for patients with surgical illnesses and injuries.
8. Consult other members of the health care team when confronted with an unusual or complex situation.

Practice Based Learning

1. Critically evaluate the outcomes of each patient to identify opportunities for improvement in the quality of the care provided to the surgical patient.
2. Describe how outcomes data can be used to develop new policies and procedures to improve the outcomes of patients with surgical illnesses and injuries.
3. Describe how the retrospective evaluation of the outcomes of specific groups of patients can be used to evaluate the current policies regarding the care of patients with surgical illnesses or injuries.
4. Maintain a personal portfolio of experience with patients with surgical illnesses and injuries including outcomes and critical evaluation of unexpected or adverse events.

Systems Based Practice

1. Document in accordance with service and hospital policy:
 - a. History and physical examination
 - b. progress notes
 - c. transfer and discharge summaries
 - d. procedure notes
2. Describe systems based elements which have been shown to improve outcomes in patients with surgical illnesses and injuries.
3. Identify the systems based elements available at a tertiary care hospital and describe which patients with surgical illnesses and injuries require these elements.
4. Describe patient factors in patients with surgical illnesses or injuries which might indicate a need for referral to another facility.
5. Assess the availability of other components of the healthcare team in the overall management of patients with surgical illnesses and injuries including, but not limited to:
 - a. Physical therapy

- b. Occupational therapy
 - c. Psychological counseling
 - d. Recreational therapy
 - e. Nursing
- 6. Summarize the activities of other available members of the healthcare team in the overall management of patients with surgical illnesses and injuries to include the following:
 - a. Physical therapy
 - b. Occupational therapy
 - c. Psychological counseling
 - d. Recreational therapy
 - e. Nursing
- 7. Utilize system resources effectively to provide appropriate post discharge care.
- 8. Obtain informed consent in accordance with service and hospital policy from the patient or other designated person prior to performing any invasive procedure
- 9. Perform and document a “timeout” in accordance with service and hospital policy before all invasive procedures
- 10. Time and date all medical record entries in accordance with hospital and service policy.
- 11. Describe and strictly comply with all Residency Review Committee (RRC), State of Texas and Texas Tech University Health Sciences Center requirements including, but not limited to:
 - a. duty hours
 - b. identification of resident fatigue
 - c. educational requirements
 - d. physician impairment
 - e. sexual misconduct
 - f. unprofessional behavior
- 12. Create duty schedules which comply with all Residency Review Committee (RRC), State of Texas and Texas Tech University Health Sciences Center requirements including, but not limited to:
 - a. duty hours
 - b. vacation time
 - c. medical leave

d. educational activities